

Qualification: CIPD Level 5 Diploma in Applied HR
Module: Contributing to Employee Engagement within the Organisation
Assignment: Activity 1

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By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.



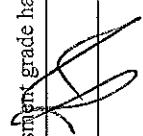
Signed:

LO1 - Be able to assess levels of employee engagement within an organisation.

LO2 – Be able to evaluate current organisational approaches to employee engagement.

LO3 – Be able to recommend and plan strategies to raise levels of employee engagement within an organisation.

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Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled	
5CDPP	Contributing to Employee Engagement within the Organisation	1, 2, 3	Overview to the Portfolio	1			
5CDPP	Contributing to Employee Engagement within the Organisation	1	Activity 1	2			
5CDPP	Contributing to Employee Engagement within the Organisation	1	Staff Survey Report 2013	3			
5CDPP	Contributing to Employee Engagement within the Organisation	1	Staff Survey Report 2016	4			
5CDPP	Contributing to Employee Engagement within the Organisation	1	Staff Survey Report 2018	5			
5CDPP	Contributing to Employee Engagement within the Organisation	1	Supplementary Staff Survey Forms	6			
5CDPP	Contributing to Employee Engagement within the Organisation	2	Activity 2	7			
5CDPP	Contributing to Employee Engagement within the Organisation	2	Performance Dashboard Report	8			

5CDPP	Contributing to Employee Engagement within the Organisation	3	Activity 3	9		
5CDPP	Contributing to Employee Engagement within the Organisation	3	Staff Benefits	10		
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5CDPP	Contributing to Employee Engagement within the Organisation	3	Absence Report	12		
5CDPP	Contributing to Employee Engagement within the Organisation	3	Induction Evaluations	13		
5CDPP	Contributing to Employee Engagement within the Organisation	1,2,3	Bibliography	14		
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*Evidence Number 1*Overview to all activities

One of the aims of every organisation is to maximise on employees' potential and performance (Taylor, 2016). Although individuals are employed to carry out certain tasks, there is no guarantee that they will do it. This is one reason why employee engagement has been a topic for discussion with Human Resources (HR) professionals for over a decade with various research being conducted. Within Hywel Dda University Health Board (HDda), the Executive Board are also concerned about employee engagement for the sake of the employee, the organisation and employee – a “triple win” of a different kind (MacLeod & Clarke, 2009). The minimum is not enough (Williams, 2017).

Within this portfolio contains various documents evidencing the levels of employee engagement within HDda (in activity 1), the current organisational approach (in activity 2) and recommendations for future employee engagement strategies (in activity 3).

Activity 1 (840/1000)

There is a staff survey which Hywel Dda University Health Board (HDda) are asked to complete, which is designed and led by NHS. These surveys are only carried out when initiated by NHS Wales, not driven by HDda.

The most recent surveys were carried out in 2013, 2016 and 2018 (BMG Research, 2013; NHS Wales, 2016; NHS Wales, 2018). They are not regular. These surveys are extensive with forty questions being asked, covers a broad range of employee engagement topics, including opinions of senior management and the executive team, change, values, resources, wellbeing, learning and development, communication and diversity. These topics have a similarity to the building blocks Purcell (2010) spoke of with regards to engagement, particularly the relationship with management and satisfaction within the role (*See reference 3, 4 & 5*).

Of the approximate 10,000 staff who were employed within HDda at the times, only 2,401 completed the 2018 survey. Many did not have access to the on-line survey due to the lack of computers/laptops across the HB, many did not have the time to complete it, and there was a great deal of people that were fearful of answering it and so didn't. When logging into the survey your employee number had to be entered, which left many employees feeling that it wouldn't be anonymous. This alone suggests that there is potentially an issue with trust in management if employees are reluctant for management to know how they personally feel about various aspects of their employment, which ultimately could affect the level of engagement (Purcell et al, 2003; MacLeod & Clarke, 2009).

These are some of the data from the 2018 survey (NHS Wales, 2018) (*see reference 5*):

- Increase in employees feeling line managers provide clear feedback - +10% from 2016
- 62% of employees feel they are provided sufficient knowledge to carry out their role - +6% from 2016
- Harassment, bullying and abuse continue to be a problem with 19% admitting to being victim to that - +4%
- 76% of employees support the changes needed for the organisation; however, a low 27% say it is well managed
- Less than half of those that completed the survey (48%) feel that learning and development is supported in the areas they work - +3%

Ascertaining opinions on a wide range of topics can offer the organisation a range of rich data and potentially the opportunity to improve areas of weakness. However, two major flaws in the way it is currently collected is the method – making it accessible to only a fraction of the workforce – and the regularity of the data collection. A vast amount can change in a year, let alone two or three years (Wietrak, 2019). It is understandable that in order to make great improvements in such a large organisation, cultural changes and have new ways truly embedded throughout the organisation will take a long time, and so to gauge responses to change may be realistic to do in two or three year later. However, research shows that This data is analysed and discussed at Board Level and then the Workforce and Organisational Development Sub-Committee. Here is where the appropriate senior managers are tasked with designing and implementing projects that will improve areas of weakness, and signing off all necessary action.

Staff turnover is 8.2% across HDda, which is higher than the Welsh Heath Board average (of 7.1%). While there are some directorates within HDda that are lower than the benchmark, directorates including Nursing and Midwifery Registered and Allied Health Professionals, which make up a large proportion of HDda's front line staff, are higher again, with Nursing and Midwifery Registered at 9.1%. This suggests that there may be an issue with employee engagement within these directorates. It would be interesting to see how many of that directorate completed the staff survey, what the outcomes were, and if there were any trends. However, the data released does not show this data.

For the purpose of this portfolio, a further survey was carried out with a sample of staff in a range of bands internal to the department. The survey was based on the Gallup Q12 Index questions asked on its survey. The Gallup Organisation is renowned for the way it analyses and advises organisations engage employees, particularly with its Q12 Index Survey, and with evidence of having helped numerous organisations improve, it was an appropriate place to look for help on a survey (Gallup, 2003; Gallup Organisation, 2003; Gallup Organisation, 2016).

The data from these short surveys suggest that within the department employees have good relationships with their colleagues and managers, with 100% saying that they feel they are care about as a person; 100% say that the organisation makes them feel that their job is important; 100% say that they have all the necessary equipment to carry out their role.

However, there are areas that need improving. 50% feel that they have not been encouraged to progress or develop, particularly within the last twelve months.

Research Report

NHS Wales Staff Survey 2013- Hywel Dda Health Board



NHS Wales Staff Survey 2013- Hywel Dda Health Board

Prepared by: BMG Research
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NHS Wales Staff Survey 2013- Hywel Dda Health Board

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NHS Wales Staff Survey 2013- Hywel Dda Health Board

1 Survey background and methodology

1.1 Introduction

In the autumn of 2012, BMG Research was commissioned to undertake a staff survey across the 10 organisations that comprise NHS Wales. The Minister for Health and Social Services made a commitment to undertake this survey in response to actions outlined in Working Differently, Working Together¹ and the survey was planned and implemented by the Welsh Partnership Forum² during January and February 2013.

1.2 Background

The planning and implementation of this survey by the Welsh Partnership Forum reflects a shared commitment to understand and improve staff experience in NHS Wales. The relationship between a workforce that feels engaged and valued and an organisation that provides excellent care is becoming increasingly well-understood³.

"In general terms, the more positive the experiences of staff within an NHS trust, the better the outcomes for that trust. This is shown across many different domains of staff experience. Engagement...is shown to be particularly important; having significant associations with patient satisfaction, patient mortality, infection rates, Annual Health Check scores, as well as staff absenteeism and turnover. The more engaged staff members are, the better the outcomes for patients and the organisation generally."

West et al. (2011) NHS Staff Management and Health Service Quality

The 2013 Tell It How It Is NHS staff survey was designed to fit within this wider research context, capturing information around key themes that research is showing are important for creating a positive culture of engagement. These themes are not mutually exclusive, but viewed together provide a useful overall picture that is closely aligned with the central purpose of NHS Wales: to continuously improve the services they provide.

- Theme 1: Overall job satisfaction and engagement
- Theme 2: Focus on quality and patient care
- Theme 3: Creating positive work climates
- Theme 4: Supporting staff through positive human resource management practices,
- Theme 5: Ensuring effective team-working
- Theme 6: Building trust

¹ Working Differently – Working Together: A workforce and Organisational Development framework

² Welsh Partnership Forum

³ West et al (2011) NHS staff management and service quality

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This report summarises the key findings within one of the ten NHS Wales organisations; Hywel Dda Health Board (henceforth Hywel Dda). Separate analytical reports will be made available for the other nine organisations, and there is also a separate report providing a national overview.

1.3 Methodology

In order to minimise the cost of the employee survey, all employees with a work e-mail address were invited to take part in the survey via e-mail, with each e-mail invite containing a unique link to the survey website. Non-responding employees were sent an e-mail reminder by BMG Research at three points throughout the fieldwork period, in order to encourage a high response rate. Those employees without work access to e-mail were sent a paper copy of the questionnaire. Paper copies were provided in sealed envelopes, with surveys distributed via line managers within the workplace. Completed surveys were then returned by freepost directly to BMG Research rather than back through line managers to preserve anonymity. For both completion methodologies English and Welsh language versions were available to all employees.

As a back-up measure, a 'generic' version of the online survey was made available to project leads within each organisation. This survey version could be accessed without a password and was made available to individuals who had not received an e-mail or paper copy of the survey or those who encountered any difficulties with their password.

Participation in the survey was encouraged via:

- An Introductory letter from the Minister at the start of the survey;
- An internal poster campaign promoting the survey;
- Briefing of Trade Unions in advance;
- Publication of a set of survey frequently asked questions;
- Survey awareness messages in payslips;
- Reminder communications, particularly to areas of the organisation where response rates were comparatively low;
- Reminder e-mails from BMG Research to those yet to complete the survey online;
- Periodic updates to Chief Executives.

This programme of activity resulted in 22,392 usable questionnaires being returned to BMG Research. This represented an overall response rate of 27%. The final sample base was comprised of 17,998 online returns and 4,394 paper surveys. The number of survey returns per organisation and the response rate this represents (using the December 2012 ESR headcounts as a base) is shown in the table overleaf. Within Hywel Dda LHB a total of 1,692 responses were received representing a response rate of 20%.

Table 1: Organisational sample bases and response rates

Organisation	Number of returned questionnaires	People head count	Response rate
Aneurin Bevan LHB	3558	12335	32%
Aberlawe Bro Morgannwg University LHB	3718	15168	25%
Betsi Cadwaladr University LHB	4580	16094	28%
Cardiff and Vale University LHB	2724	14194	19%
Cwm Taf LHB	1982	7991	25%
Hywel Dda LHB	1692	8656	20%
Powys Teaching LHB	600	1701	35%
Public Health Wales NHS Trust	510	1303	39%
Velindre NHS Trust	1721	3113	55%
Welsh Ambulance Services NHS Trust	907	2982	30%
NNH Wales Total	22,392	83,411	27%

On the basis of a Hywel Dda workforce population of 8656, the final survey sample of 1,692 employees is subject to a maximum standard error of $\pm 3.57\%$ at the 95% confidence level on an observed statistic of 50%. Therefore, we can be 95% confident that responses are representative of those that would be given by all employees had they each completed a questionnaire, to within $\pm 3.57\%$ of the percentages reported.

1.4 Questionnaire

A bespoke questionnaire was used for this survey, in order to fully explore the issues most relevant for NHS Wales employees in 2013. The survey content was designed

jointly by the Welsh Partnership Forum and BMG Research, drawing on sources that included previous surveys completed within the NHS in England and in Scotland, as well as in Wales, plus broader research into staff engagement such as the Chartered Institute of Personnel and Development Indicators of line manager competence.

1.5 Data reporting

All data used within this report is based on all responses, meaning those who did not provide an answer to a particular question are included in the sample base. The sample bases on which the data is based will be reported throughout.

The data used in this report is rounded up or down to the nearest whole percentage point. It is for this reason that, on occasions, tables or charts may add up to 99% or 101%. Where tables and graphics do not match exactly to the text in the report this occurs due to the way in which figures are rounded up (or down) when responses are combined. Results that differ in this way should not have a variance that is any larger than 1%.

The following symbols will be found throughout this report:

*%	Denotes where the figure is less than 0.5%
----	--

When a figure is shown in **bold and underlined** within a table this denotes that this figure is significantly different (determined by the t-test*) to one or more opposing figures.

In order to identify areas of the organisation in which staff perceptions are comparatively high or low, at various stages of this report, findings are broken down by directorate/department. This analysis is based on which part of the organisation individuals indicated they work in from a list of bespoke options provided in the Hywel Dda questionnaire. The full list of these options can be found in Appendix 1 of this report.

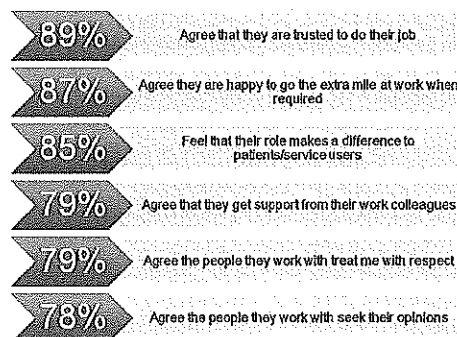
To preserve anonymity, some small sample bases of department/directorates have been excluded from the graphics and the analysis that use this variable. While the views of these small groups are retained in the overall data, their views as a discrete group are not shown.

2 Key Findings

2.1 Highest and lowest scoring statements

Figures 1 and 2 below show the highest and lowest endorsement of the attitudinal statements contained within the survey (those asked on a five point scale to all employees). The top scoring statements show that the vast majority of employees feel trusted to do their job and are committed to their role in the sense that they are happy to go the extra mile at work when required. Crucially, more than four in five employees (65%) feel that their role makes a difference to patients/service users. More than three-quarters feel they get support from their work colleagues and agree that the people they work with treat them with respect, and seek their opinions.

Figure 1: Statements producing highest scores



Highest positive summary ratings (% agree or % satisfied) from five point scale attitudinal questions

* The t-test is a statistical method used to evaluate the differences in means between two groups.

The statements producing the lowest agreement or satisfaction mostly relate to the senior managers. This is not necessarily due to a corresponding high level of disagreement with these statements, but because notable proportions of employees gave neutral opinions regarding their Senior Management Team. Fewer than one in five (17%) employees feel that change is well managed within their organisation. Given that staff having an ability to contribute to improvements at work is a core pillar of employee engagement, this finding is particularly important.

Figure 2: Statements producing the lowest scores



Lowest positive summary ratings (% agree or % satisfied) from five point scale attitudinal questions

Just 13% of Hywel Dda staff who gave their views in this research agree that senior managers will act on the results of this survey. This suggests that employees have low expectations around how these findings of this research will be utilised. In this context communicating and demonstrating both the survey findings and the resulting actions will be crucial.

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Key Findings

encourages staff to report errors, near misses or incidents (75%; 78% across NHS Wales). While just over half feel that reported issues result in action to ensure that they do not happen again (51%; 56% across NHS Wales), only 31% agree they receive feedback on resulting changes (39% across NHS Wales). On this basis, strengthening the feedback loop to employees about responses to reported incidents may be necessary.

2.2.3 Creating positive work climates

- Various indicators within the survey responses provide an indication that many staff find their working environment pressurised. Half of employees (50%; 48% across NHS Wales) agree that they do not have time to carry out all their work. When asked if they are able to meet the conflicting demands on their time views are extremely similar with 52% agreeing they cannot (48% across NHS Wales) and 24% disagreeing.
- A further indicator of the pressure within organisations is the finding that 88% of Hywel Dda employees state that in the last three months they have gone to work despite not feeling well enough to perform their duties (70% of all NHS Wales employees). While this shows commitment among these employees, it should be questioned whether this is beneficial to staff themselves, their colleagues and indeed patients/service users.
- During the last 12 months a third (34%; 33% across NHS Wales) of employees state that they have been injured, or felt unwell as a result of work related stress.
- Six in ten employees are satisfied with the level of manager support they receive (61%; 61% across NHS Wales), including 28% who give the most positive response of very satisfied. The competencies that line managers within NHS Wales most commonly display (often or always) are supporting autonomy and empowerment by showing trust in staff (67%; 67% across NHS Wales) and behaving ethically, by respecting confidentiality and treating employees fairly (83%; 84% across NHS Wales). In contrast, the competencies that line managers are least likely to display frequently are those that relate to feedback, praise and recognition, availability, and managing time and resources.
- Employees who receive regular feedback on how they are doing are more likely to be satisfied overall, are more likely to feel valued and more commonly feel they are able to have an influence on their area of work. These wider benefits of providing regular feedback should be communicated to all line managers.
- Survey responses suggest that issues of bullying, harassment and violence affect a small but notable minority of staff. In the past 12 months 19% have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public and 19% have personally experienced harassment, bullying or abuse at work from manager/ team leader or other colleagues. These incident levels are almost identical to those reported amongst all employees across the whole of NHS Wales (18% in each case).

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2.2 Key messages and priorities for action

2.2.1 Employee satisfaction and engagement

- The Hywel Dda workforce appear to exhibit a high level of dedication to their work. Approaching nine in ten (87%; 86% across NHS Wales) state that they are happy to go the 'extra mile' at work. Yet despite this dedication only 61% suggest they are enthusiastic about their job and 66% are satisfied overall with their current job (compared with 60% and 64% respectively across NHS Wales).
- Advocacy levels among employees, which are a key indicator of employee engagement, are not particularly strong. Less than half of employees indicate that they are proud to tell people they work for their organisation (47%), with fewer still (45%) indicating they would recommend their organisation as a place to work. These advocacy levels are lower than amongst all employees within NHS Wales (51% and 48% respectively).
- Only two fifths of employees agree that they are involved in deciding on the changes that affect their work/area/team/department (40%; 37% across NHS Wales). This is symptomatic of a broader scepticism about change processes. While half of employees agree that they understand why there is currently so much change within their organisation (50%; 51% across NHS Wales) and over half support the need for change (59%; 61% across NHS Wales), only 17% of Hywel Dda employees feel that change is well managed (20% across NHS Wales).

2.2.2 Focus on quality and patient care

- Half of Hywel Dda employees agree that if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation (49%; 52% across NHS Wales). This suggests that only half of employees would advocate the services of the organisation they work for. Furthermore, just over half of employees (51%) believe that the care of patients/service users is their organisation's top priority (compared with a higher proportion of 57% across NHS Wales).
- When assessing their personal contribution to service delivery views are more positive, with more than four in five (85%; 82% across NHS Wales) employees feeling that their role makes a difference to patients/service users. However, for a sizeable proportion of employees a gap between their expectations and what they are able to deliver is apparent as only 55% feel that they are able to deliver the standard of service that they aspire to (57% across NHS Wales). This is likely to be a source of frustration.
- The majority of witnessed incidents, or near misses that could have hurt service users or those that could have impacted on staff were reported (86% and 77% of each type; compared with 88% and 83% amongst NHS Wales overall). This is indicative of a culture where such incidents are documented and learnt from.
- Furthermore, there is strong evidence that employees recognise a culture where errors and near misses are to be acted upon. Three quarters agree that their employer

NHS Wales Staff Survey 2013- Hywel Dda Health Board

2.2.4 Supporting staff through positive human resource management practices

- When considering capacity issues within their organisation more Hywel Dda employees disagree (57%) than agree (24%) that there are enough staff for them to do their job properly. This negative balance clearly suggests that capacity issues are a concern for Hywel Dda employees and chimes with previous results about the ability of employees to complete their workloads.
- A potential source of danger and errors is clinical staff being deployed to areas where they do not feel confident or competent to work. In the past twelve months 8% of Hywel Dda staff say that they have moved from their own clinical area to another, where they have not felt confident or competent to work (this compares with 10% across NHS Wales). This proportion peaks at 16% amongst Nursing staff.
- In the last 12 months just over two fifths of Hywel Dda employees indicate that they have had a personal development appraisal or KSF review (42%). This proportion is significantly lower than the average proportion across NHS Wales as a whole (55%). Within Hywel Dda employees in the Nursing (35%), Planning Performance Ceredigion County (29%) and Planning Performance Estates and Capital departments (12%) are even less likely to have had a personal development appraisal or KSF review.
- The feedback given by those who have experienced an appraisal or KSF review is somewhat mixed. While three quarters of those who have had a personal development appraisal or KSF review said that it helped them to agree clear objectives for their work (76%; 74% across NHS Wales), just over half (52% within Hywel Dda; 47% across NHS Wales as a whole) said it helped them to improve how they do their job. Alongside this 55% (55% across NHS Wales) felt this process left them feeling that their work is valued by their organisation, but 45% disagreed this was the case.
- However, further analysis shows that on various indicators those who have experienced an appraisal process are more likely to hold positive views than those who have not. These measures include employees being able to judge their own performance and having a clear set of objectives. While they should not be the only form of providing feedback, these variations do suggest that an appraisal process generates wider benefits and that their uneven incidence across the organisation should be addressed.
- All employees were asked whether their employer acts fairly with regard to career progression/promotion, regardless of, for example, race or ethnic background, gender, religion and belief, sexual orientation, pregnancy, disability, marriage or civil partnership, age or caring responsibilities. Overall, approaching six in ten (55%; 60% across NHS Wales) feel that this is the case with just 14% stating the opposite. The fact that 30% said 'don't know' (28% across NHS Wales) to this question suggests this is perhaps something that some staff find difficult to judge in their day to day roles.

2.2.5 Ensuring effective team-working

- Just under three quarters of Hywel Dda employees feel that they belong to a team (74%; 73% across NHS Wales), with the remainder either disagreeing (12%) or answering

neutrally (14%). On this basis, the majority of staff appear to feel they are working in a collaborative way rather than in isolation. This is further substantiated by the fact that more than three-quarters of employees say that the people that they work with seek their opinions (78%; 75% on average across NHS Wales) and eight in ten feel that colleagues treat them with respect (79% in Hywel Dda and across NHS Wales).

- While three quarters of Hywel Dda employees believe their team members have to communicate closely with each other to achieve the teams objectives (76% in Hywel Dda and 73% across NHS Wales), only 54% state that team members meet often to discuss the team's effectiveness (50% across NHS Wales). More than a quarter (28%) of employees disagree that team members meet often to have such discussions, suggesting that a sizeable proportion of employees do not have a forum where experience and learnings can be shared peer to peer.

2.2.6 Building trust

- Two thirds of Hywel Dda employees feel that their line manager shows trust in them often or always (67%; the same proportion as across NHS Wales). This is the competency that employees most commonly identify in their line manager. When commenting about their line manager on an agree-disagree Likert scale 61% feel that their line manager is open and honest (62% across NHS Wales). While this positive skew to opinion is positive, there is clearly scope for further improvement on this measure given that 22% gave a neutral response.
- When considering the behaviours of senior managers the balance of opinion is skewed towards the negative. While 17% of employees agree that senior managers try to involve staff in important decisions (22% across NHS Wales), three times as many disagree this is the case (51%). More employees disagree (52%) than agree (18%; 25% across NHS Wales) that senior managers encourage staff to suggest ideas for improving services. These results seem to suggest a perceived remoteness between the upper levels of the NHS organisations and employees in their day to day roles, which crucially may suppress upwards flow of ideas and innovation to the detriment of service improvement.
- Many of the responses to statements about senior managers are characterised by significant proportions of employees answering neutrally. With these staff unable to answer one way or another implies there is potential for senior managers to become much more visible and integrated within the organisation.
- Nearly half of employees disagree that senior management take the time to seek and listen to employees views (49%; 40% across NHS Wales) and as a result 49% disagree that they understand their department or service area (41% across NHS Wales). These findings suggest that further work is required to enhance the corporate culture so that it is one where the flow of information upwards through the organisation is welcomed.
- Only 13% of employees agree that senior managers will act on the results of this survey (compared with 19% across NHS Wales as a whole), with 51% disagreeing this will be the case. This is a further indicator of a lack of trust in senior managers. Communicating

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Measures of employee satisfaction and engagement

NHS Wales Staff Survey 2013- Hywel Dda Health Board

3 Measures of employee satisfaction and engagement

3.1 Introduction

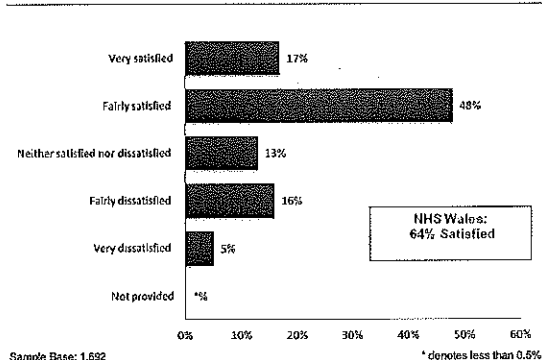
This chapter examines the headline measures of satisfaction and employee engagement captured within the survey. The aim of this chapter is to examine the general views of employees on their working experience before the subsequent chapters provide detailed analysis on key employee engagement themes.

3.2 Overall levels of satisfaction

In 2013, 66% of Hywel Dda employees state that they are satisfied with their current job. This is higher than the survey average of 64% across all NHS Wales employees.

As shown in Figure 3, 48% of Hywel Dda employees say they are fairly satisfied with their present job and 17% give the most positive response of very satisfied. In total, 21% of employees state they are dissatisfied with their current job and a further 13% give a neutral response.

Figure 3: Overall, how satisfied or dissatisfied are you with your present job? (All responses)



Within the survey questionnaire each employee was asked to state which part of the organisation they work in. The full list of these departments/directorates can be found in the sample profile at the end of this report. Analysing levels of overall satisfaction by these departments/directorates identifies notable variations. Overall job satisfaction is most commonly found among those working in Workforce and Organisational Development (81%), Corporate Services (76%) and Primary, Community & NHS (76%). The department/directorate most commonly dissatisfied overall with their job is Clinical Services (27%).

Among all Hywel Dda employees there is no significant variation in overall levels of job satisfaction between those who hold line management responsibility and those who do not (63% and 67% respectively). The key role of line managers will be examined in detail in this report, but it is immediately noticeable that those who state that they receive clear feedback on how they are doing in their job are significantly more likely to be satisfied overall than those who do not (84% cf. 48%).

3.3 Employee engagement

"Employers want employees who will do their best work or 'go the extra mile'. Employees want jobs that are worthwhile and that inspire them. More and more organisations are looking for a win-win solution that meets their needs and those of their employees. What they increasingly say they are looking for is an engaged workforce"

Chartered Institute of Personnel Development, 2010

Over the past few years there has been growing interest in the concept of employee engagement and the impact this can have on organisational success. An important and influential report into this concept was published in 2009 titled: *'Engaging for Success: Enhancing performance through employee engagement'* (David MacLeod and Nita Clarke)⁵.

This report stipulates that engagement, going to the heart of the workplace relationship between employee and employer, can be key to unlocking productivity and to transforming the working lives of many people. If it is how the workforce performs that determines to a large extent whether organisations succeed, then whether or not the workforce is positively encouraged to perform at its best should be a prime consideration for every leader and manager, and be placed at the heart of business strategy.

Employee engagement strategies enable people to be the best they can at work, recognising that this can only happen if they feel respected, involved, heard, well led and valued by those they work for and with.

In light of the importance of this concept, BMG Research has applied an Employee Engagement Model to the survey data. Responses that provide an indication of employees having a positive relationship with their employer have been grouped into three categories based on the analysis of Professor West et al. This suggests that "overall" engagement is a combination of the following three variables:

⁵ See: www.bpcr.gov.uk/files/ife52215.pdf

- Employee motivation (intrinsic psychological engagement);
- Ability to contribute towards improvements at work (staff involvement);
- Staff advocacy of the organisation (recommendations).

A total of 7 variables are included in the model, as shown in Table 2. The positive score (%) is taken as the measure for each variable and in most cases this is the summary score for strongly agree / agree. The overall employee engagement score is calculated as the mean average of the seven scores.

The overall engagement index for Hywel Dda is 55%. This compares with exactly the same overall engagement index of 55% for NHS Wales as a whole.

Within this, for Hywel Dda, a total of 66% of employees appear to express views that suggest an intrinsic psychological engagement with their role, 47% feel able to contribute to work improvements and 46% have sufficiently positive views to act as advocates of their organisation.

Compared with the national average across NHS Wales, Hywel Dda scores lower on staff advocacy and recommendation (46%; 49% for NHS Wales).

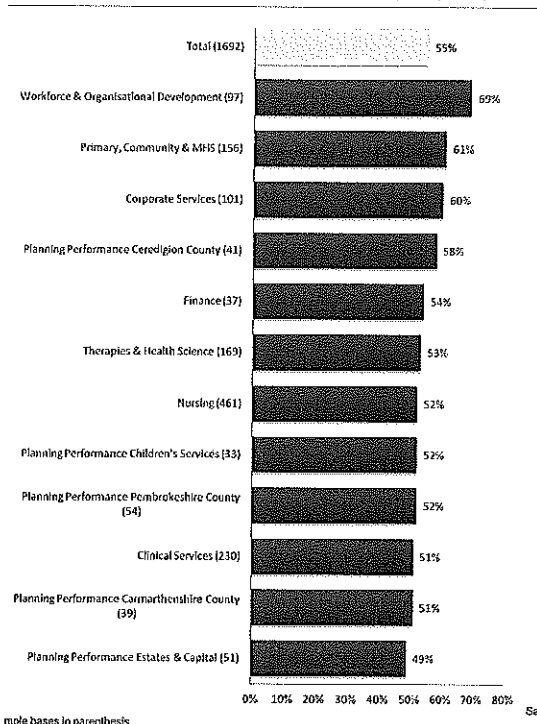
The key message from this engagement index is that while approaching nine in ten (87%) Hywel Dda employees will go the extra mile for their organisation, much lower proportions feel able to contribute to improvements in their workplace. In particular, only 40% feel involved in deciding on the changes that affect their work. The fact that less than half of employees currently appear to be advocates of their organisation suggests that the intrinsic psychological engagement staff have is not translating into positive views of their organisations.

Table 2: Engagement Index scores (All responses)

	Hywel Dda	Theme	NHS Wales	Theme
I look forward to going to work?	52%	Intrinsic psychological engagement 66%	49%	Intrinsic psychological engagement 65%
I'm enthusiastic about my job	61%		60%	
I am happy to go the extra mile at work when required	67%		86%	
I am able to make improvements in my area of work the work of my team/department	54%	Ability to contribute towards improvements at work 47%	54%	Ability to contribute towards improvements at work 46%
I am involved in deciding on the changes that affect my work/area/team/department	40%		37%	
I would recommend my organisation as a place to work	45%	Staff advocacy and recommendation 46%	48%	Staff advocacy and recommendation 49%
I am proud to tell people I work for my organisation	47%		51%	
OVERALL ENGAGEMENT INDEX SCORE	55%		55%	

The overall engagement index score for each department/directorate is shown in the figure overleaf. Those working in Workforce and Organisational Development have the highest score (69%). In contrast, levels of employee engagement are lowest amongst Planning Performance Estates and Capital (49%).

Figure 4: Engagement Index score by department/directorate (All responses)



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Looking at the individual components of the engagement index the departments/directorates where the lowest scores are produced are shown in the table below.

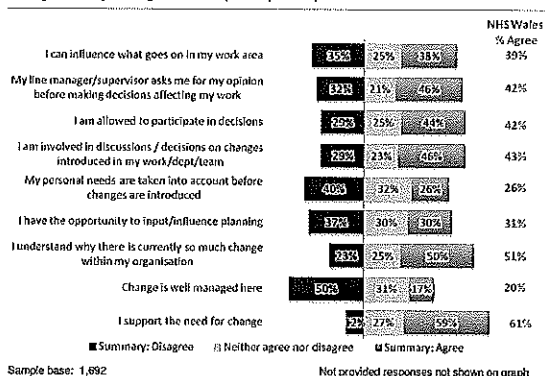
Table 3: Low scoring departments/directorates within employee engagement index (All responses)

Intrinsic psychological engagement - department/directorates with lowest scores
Therapies & Health Science (60%)
Ability to contribute towards improvements at work - department/directorates with lowest scores
Planning Performance Carmarthenshire County (33%)
Planning Performance Pembrokeshire County (33%)
Planning Performance Estates & Capital (33%)
Staff advocacy and recommendation - department/directorates with lowest scores
Therapies & Health Science (39%)

Given that the single lowest score in the above summary of employee engagement relates to the ability to influence decisions it is important to look at this issue in more detail. Further analysis shows that Hywel Dda employees who do not have line management responsibilities (by inference the lower levels of the organisation) are significantly less likely to agree that they are involved in deciding on changes that affect them than line managers are (33% cf. 53%). Whether employees feel involved in the decisions that affect them appears to impact on their broader views regarding change management. Among those who feel that change is well managed 67% agree they are involved in deciding on the changes that affect them. In contrast, among those who feel that change is not well managed, just 27% give the same response, a statistically significant variation.

At this point it should be noted that half of employees agree that they understand why there is currently so much change within their organisation (50%; 51% across NHS Wales). Indeed, 59% of employees support the need for change (61% across NHS Wales), with only 12% disagreeing with this statement. However, in this context only 17% of employees feel that change is well managed, with three-times this proportion (50%) disagreeing this is the case. In seeking to understand this finding it should be noted that a higher proportion of employees actually agree (44%) rather than disagree (29%) that they are able to participate in decisions regarding change, but that two in five (40%) disagree that their personal needs are taken into account before changes are introduced.

Figure 5: How far do you agree or disagree with the following statements about change within your organisation? (All responses)



Sample base: 1,692

Not provided responses not shown on graph

While it is almost inevitable that not all change processes will be beneficial to individuals' personal circumstances, these views on change management within Hywel Dda are important to note. On the basis that employees having the ability to contribute towards improvements at work is a core pillar of broader employee engagement, wherever possible change processes should be consultative and carefully communicated rather than appearing as dictatorial and 'top down' in style.

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3.4 Chapter Summary: key observations

The Hywel Dda workforce appear to exhibit a high level of dedication to their work. Approaching nine in ten (87%; 88% across NHS Wales) state that they are happy to go the 'extra mile' at work. Yet despite this dedication only 61% suggest they are enthusiastic about their job and 66% are satisfied overall with their current job (compared with 60% and 64% respectively across NHS Wales).

Advocacy levels among employees, which are a key indicator of employee engagement, are not particularly strong. Less than half of employees indicate that they are proud to tell people they work for their organisation (47%), with fewer still (45%) indicating they would recommend their organisation as a place to work. These advocacy levels are lower than amongst all employees within NHS Wales (51% and 48% respectively).

Only two fifths of employees agree that they are involved in deciding on the changes that affect their work/area/team/department (40%; 37% across NHS Wales). This is symptomatic of a broader scepticism about change processes. While half of employees agree that they understand why there is currently so much change within their organisation (50%; 51% across NHS Wales) and over half support the need for change (59%; 61% across NHS Wales), only 17% of Hywel Dda employees feel that change is well managed (20% across NHS Wales).

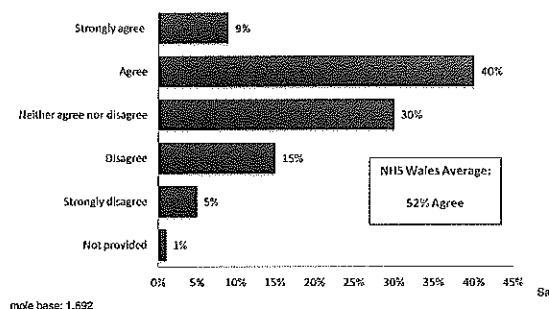
4 Focus on the quality of patient care

4.1 Individual perception of standards of care

All employees were asked to what extent they agree with the statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation." The endorsement of this statement with 49% agreeing is perhaps lower than might be anticipated, suggesting only half of employees would advocate the services of the organisation they work for. This compares with a similar level of endorsement across NHS Wales as a whole (52%).

Three in ten (30%) Hywel Dda employees neither agree nor disagree that they would be happy with the standard of care for a friend or relative and 20% go as far as to disagree.

Figure 5: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (All responses)



Analysis by directorate/department shows that advocacy of Hywel Dda is highest among Planning Performance Ceredigion County (59%). In contrast, the lowest level of advocacy of the care provided by their organisation is seen within Planning Performance Children's Services (33%) and Finance (35%).

This level of advocacy among employees for the care provided by their organisation is slightly higher than the advocacy of the organisation as a place to work, which, as already reported in the previous chapter, 45% would recommend.

Focus on the quality of patient care

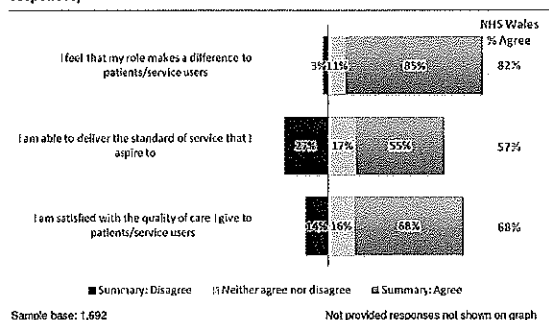
4.2 Personal contribution to patient care

The patient experience should be central to the collective efforts of the NHS Wales workforce. Indeed it is likely that providing care will be a central motivation in the career choices of many employees. On this basis, all employees were asked for their assessment of the quality of care they are able to provide.

Overall, more than four in five (85%) employees within Hywel Dda feel that their role makes a difference to patients/service users. This includes 35% who give the most positive response possible of strongly agree. Alongside this positive result, 55% feel that they are able to deliver the standard of service that they aspire to. However, the fact that a quarter (27%) of employees disagree this is the case suggests that a sizable proportion of the workforce are finding that their personal expectations are not matched by reality.

These findings are summarised in the following figure which also shows that compared with NHS Wales as a whole, Hywel Dda employees are more likely to feel their role makes a difference to patients/service users, but less likely to agree they are able to deliver the standard of service that they aspire to.

Figure 7: Agreement with statements about contributing to patient care (All responses)



Overall, nearly seven in ten (68%) Hywel Dda employees are satisfied with the quality of care they give to patients/service users. Agreement with this statement peaks among Primary, Community & MHS and Planning Performance Estates & Capital (75% in each case). In contrast, those most likely to disagree that they are satisfied with their level of patient care are staff within Therapies & Health Science (22%).

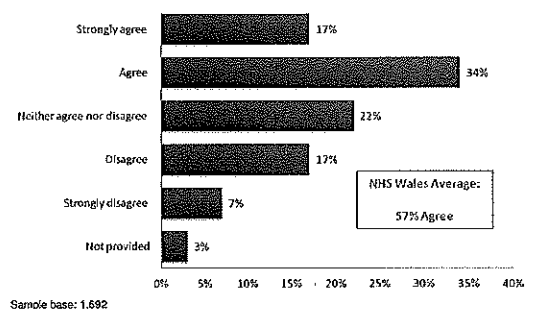
NHS Wales Staff Survey 2013- Hywel Dda Health Board

4.3 Perceptions of organisation focus on quality of care

Just over half (51%) of Hywel Dda employees believe that the care of patients/service users is their organisation's top priority. A further 22% give a neutral response on this issue, while 24% disagree.

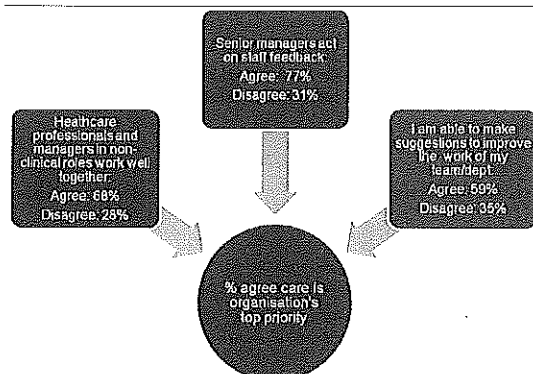
Compared with NHS Wales overall, where 57% agree that the care of patients/service users is their organisation's top priority, Hywel Dda scores lower on this measure.

Figure 8: Agreement that care of patients / service users is my organisation's top priority (All responses)



The interaction of views on this issue with those expressed elsewhere in the survey can be identified within the data set. Among those who agree that senior managers act on staff feedback, 77% agree that the care of patients is their organisation's top priority. Among those who disagree that senior managers act on feedback, just 31% give the same response. As shown in the following figure, more positive views on the care focus of their organisation is also seen among those who feel they are able to make suggestions for improvements and those who feel that those in clinical and non-clinical roles work well together. These findings suggest that those employees who perceive themselves to be working in collaborative environments where information can flow upwards through the organisation are more likely to have positive views on the care focus of their organisation.

Figure 9: Agreement that the care of patients / service users is their organisation's top priority by views on improving work practices (All responses)



All percentages shown are % agree that care of patients/ service users is my organisation's top priority. Percentages are those in each group expressing that opinion.

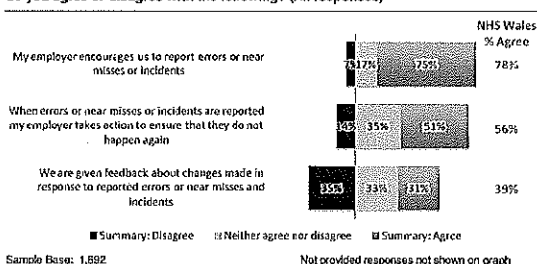
4.4 Responding to errors, incidents and near-misses

The next few questions assess the prevalence of errors, near misses or incidents that pose a threat to staff and patients.

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The following figure summarises these responses amongst Hywel Dda employees and shows that agreement is lower in Hywel Dda than amongst NHS Wales employees overall.

Figure 10: Perceived culture around errors, near misses and incidents. To what extent do you agree or disagree with the following? (All responses)



Those employees who have reported an error, near miss or incident that could have hurt either patients or staff are significantly less likely to believe that their employer takes action in relation to reported incidents (40%) than those who haven't made such a report (55%). Incident reporters are also less likely to agree that they are given feedback about changes made in response to reported incidents (22% cf. 35%).

Table 4: Views on reporting incidents among reporter and non-reporters (All responses)

% Agree	Reported error/near miss (any)	
	Employees who have reported	Employees who have not reported
My employer encourages us to report errors or near misses or incidents	75%	75%
When errors or near misses or incidents are reported my employer takes action to ensure that they do not happen again	40%	55%
We are given feedback about changes made in response to reported errors or near misses and incidents	22%	35%
Sample base:	494	1198

On this basis, ensuring that the worth of incident reporting is clearly demonstrated to those who take the time to report incidents, errors or near misses would appear necessary in order to encourage these positive behaviours.

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4.4.1 Incidents affecting staff

In the last month, 23% of Hywel Dda employees state that they have seen errors, near misses, or incidents that could have hurt staff. This compares with the same proportion across NHS Wales as a whole (23%).

As this survey covers both clinical and non-clinical staff, drilling down to particular departments and directorates is crucial for this indicator. Looking at responses by departments/directorates shows that the following groups have most commonly witnessed these threats to staff:

- Clinical Services (33%); and
- Nursing (29%).

Of those who saw an error, near miss, or incident, that could have hurt staff, a majority of 77% said that they or a colleague reported it (a lower proportion than the 83% across NHS Wales as a whole); 13% did not report it; and 8% did not know.

4.4.2 Incidents affecting patients

In the last month 27% of Hywel Dda employees have seen errors, near misses, or incidents that could have hurt patients/service users. This is almost the same proportion as amongst all employees across NHS Wales (26%).

Again breaking down this headline by directorate/department shows that among certain sections of the workforce the proportion witnessing threat to patients is significantly higher. These groups include:

- Clinical Services (41%); and
- Nursing (34%).

Of those who saw an error, near miss, or incident, that could have hurt patients/service users, 86% said that they or a colleague reported it. This is slightly lower than the average proportion across NHS Wales (88%).

On this basis, witnesses to incidents affecting patients/service users are more likely to report these formally than witnesses of incidents affecting staff.

The overall perception among employees is that their employer encourages staff to report errors, near misses or incidents. Three-quarters (75%) of employees agree this is the case, while only 7% disagree. While just over half (51%) feel that reported issues result in action to ensure that they do not happen again, just under a third (31%) agree they receive feedback on resulting changes. On this basis, strengthening the feedback loop to employees about responses to reported incidents may be necessary. A strong feedback loop in this area is likely to emphasise the value of such incidents being reported.

4.5 Chapter Summary: key observations

Half of Hywel Dda employees agree that if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation (49%; 52% across NHS Wales). This suggests that only half of employees would advocate the services of the organisation they work for. Furthermore, just over half of employees (51%) believe that the care of patients/service users is their organisation's top priority (compared with a higher proportion of 57% across NHS Wales).

When assessing their personal contribution to service delivery views are more positive, with more than four in five (85%; 82% across NHS Wales) employees feeling that their role makes a difference to patients/service users. However, for a sizeable proportion of employees a gap between their expectations and what they are able to deliver is apparent as only 55% feel that they are able to deliver the standard of service that they aspire to (57% across NHS Wales). This is likely to be a source of frustration.

The majority of witnessed incidents, or near misses that could have hurt service users or those that could have impacted on staff were reported (86% and 77% of each type; compared with 88% and 83% amongst NHS Wales overall). This is indicative of a culture where such incidents are documented and learnt from.

Furthermore, there is strong evidence that employees recognise a culture where errors and near misses are to be acted upon. Three quarters agree that their employer encourages staff to report errors, near misses or incidents (75%; 78% across NHS Wales). While just over half feel that reported issues result in action to ensure that they do not happen again (51%; 56% across NHS Wales), only 31% agree they receive feedback on resulting changes (39% across NHS Wales). On this basis, strengthening the feedback loop to employees about responses to reported incidents may be necessary.

5 Creating positive work climates

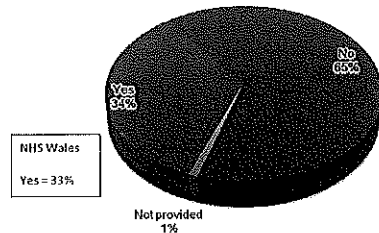
5.1 Introduction

In recognition of the challenging and demanding roles that many NHS Wales employees undertake, various questions within the survey sought to provide an indication of whether organisations are creating positive and supportive working environments for their employees. Topics covered within this theme include staff wellbeing including the impact of stress, work pressures and the support provided by line managers, plus the prevalence of workplace bullying and violence.

5.2 Focus on staff well-being

During the last 12 months a third (34%) of Hywel Dda employees state that they have been injured, or felt unwell as a result of work related stress. This is similar to the NHS Wales average of 33%. Given the likely contribution this makes to staff absenteeism this is a notable finding.

Figure 11: During the last 12 months have you been injured or felt unwell as a result of work related stress? (All responses)



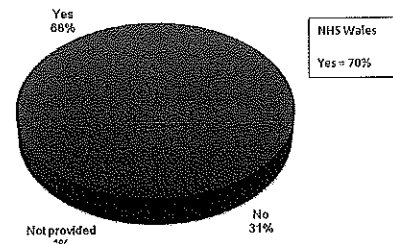
Sample Base: 1,692

Further analysis shows that the likelihood of having being injured or feeling unwell as a result of work related stress is highest among Clinical Services and Nursing (41% in each case), and amongst staff within Planning Performance Children's Services (42%). As these employees are also among those most dissatisfied with their job overall, this raises the question of whether support for these staff could be enhanced.

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Exploring this issue further shows that in the last 3 months, 68% of Hywel Dda employees (compared with 70% of all NHS employees) state that they have gone to work despite not feeling well enough to perform their duties. While this shows commitment among these employees, it should be questioned whether this is beneficial to staff themselves, their colleagues and indeed patients/service users.

Figure 12: In the last three months have you ever come to work despite not feeling well enough to perform your duties? (All responses)



Sample Base: 1,692

* denotes less than 0.5%

The incidence of work attendance when feeling unwell is higher still amongst Corporate Services (76%) and Nursing (74%) staff, and amongst employees with a disability (82%).

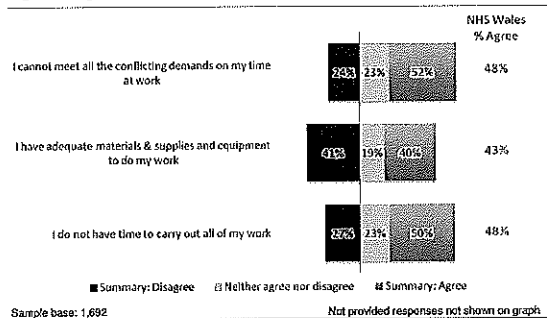
Among those who have come to work despite not feeling well enough to perform their duties 35% indicated that they had felt pressure from their manager to come to work (39% across NHS Wales) and 28% said that they had felt such pressure from colleagues (26% across NHS Wales). These findings suggest a sizeable minority (up to 24% of the total workforce) feel that they have experienced pressure to put work attendance before their own personal wellbeing.

5.3 Work pressures

Half of employees (50%) agree that they do not have time to carry out all their work while 27% disagree. A further quarter of employees (23%) give a neutral opinion on this issue. When asked if employees are able to meet the conflicting demands on their time, views are extremely similar with 52% agreeing and 24% disagreeing. Two fifths (40%) of employees agree that they have adequate materials, supplies and equipment to do their work (41% disagree).

As the following figure shows, feelings regarding work pressures amongst Hywel Dda employees, are similar to those reported across all NHS Wales employees, although agreement that they cannot meet all the conflicting demands on their time is higher amongst Hywel Dda employees (52%) than on average across NHS Wales (48%).

Figure 13: Agreement with statements in relation to work pressures (All responses)



The perception that insufficient time is available to carry out all of their work is most commonly found among employees within Therapies & Health Science (69%). Agreement is also higher amongst line managers (57%) than compared with employees who are not line managers (46%). Among those who are satisfied with their present job 44% agree that they do not have enough time to carry out all of their work. Among those dissatisfied overall this proportion rises significantly to 65%.

To further contextualise these results just 25% of employees agree that their organisation is committed to helping staff balance their work and home life, with a higher proportion disagreeing (36%). This compares with a more favourable response across NHS Wales as a whole (where 31% agree and 32% disagree).

Disagreement that staff have sufficient physical resources (materials and supplies) is highest among employees within Therapies & Health Science (54%), and lowest in Finance (11%).

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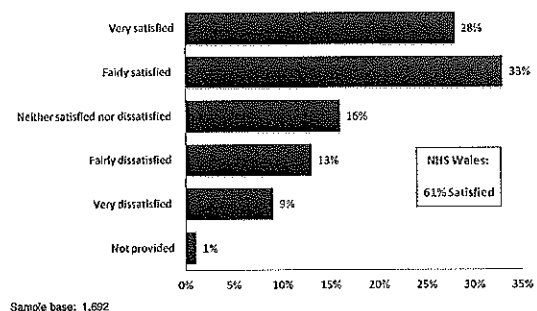
5.4 Line manager support

In recognition of the key influence that line managers play on employees' morale, motivation and wellbeing, plus their role in disseminating and implementing organisational priorities multiple questions on line manager behaviours were included within the survey design. These included a question to measure how often line managers display the competencies the Chartered Institute of Personnel and Development CIPD have deemed as key to enhancing employee engagement.*

The key headline measure on this subject is the overall satisfaction among employees regarding the amount of support they get from their line manager. As shown by the figure below 61% are satisfied with the level of manager support they receive, including 28% who give the most positive response of very satisfied. In contrast, 22% of employees are dissatisfied with the level of support they receive from their line manager. This is an obvious area for improvement, particularly given that those who are satisfied with their job overall are significantly more likely to be satisfied with this line manager support than those dissatisfied overall (73% cf. 31%).

Compared with NHS Wales overall (61% satisfied), the same proportion of Hywel Dda employees are satisfied with the support they receive from their immediate line manager.

Figure 14: Satisfaction with support received from immediate manager (All responses)



Employees who are more commonly dissatisfied with the amount of line manager support they receive are found in Planning Performance Pembrokeshire County (33%), and Planning Performance Carmarthenshire County (31%).

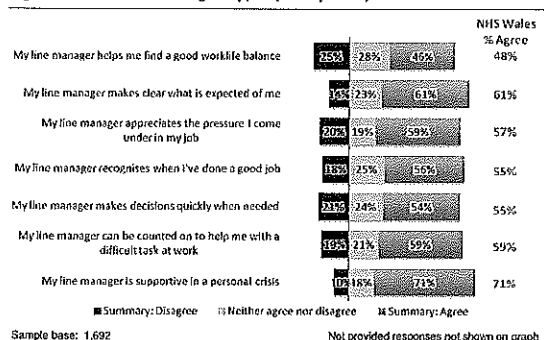
* Management competencies for enhancing employee engagement (March 2011)

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Further indicators of the overall level of support that line managers currently provide are shown in the figure below. Seven in ten (71%) employees agree that their manager is supportive in a personal crisis, while around six in ten agree that their manager makes clear what is expected of them (61%); appreciates the pressure they come under in their job (59%) and that they can be counted on to help with a difficult task (59%). Comparatively, lower agreement is seen with the notion that their line manager helps them find a good work life balance (46%). This finding ties up with those relating to capacity issues and difficulty in completing workloads that are expressed elsewhere in this report.

These responses are summarised in the following figure which also highlights that agreement levels with each statement concerning line managers are generally similar in Hywel Dda to NHS Wales overall.

Figure 15: Views on line manager support (All responses)



5.4.1 Management competencies

Research by the CIPD has grouped indicators of positive management behaviour into 11 competences under three themes as shown in the table below.

Table 5: CIPD management competencies

Triente	Management competency	Description
Supporting employee growth	Autonomy and empowerment	Has trust in employee capabilities, involving them in problem-solving and decision-making
	Development	Helps employees in their career development and progression
	Feedback, praise and recognition	Gives positive and constructive feedback often praise and rewards good work
Interpersonal style and integrity	Individual interest	Shows genuine care and concern for employees
	Availability	Holds regular one-to-one meetings with employees and is available when needed
	Personal manner	Demonstrates a positive approach to work, leading by example
	Ethics	Respects confidentiality and treats employees fairly
Monitoring direction	Reviewing and guiding	Offers help and advice to employees, responding effectively to employee requests for guidance
	Clarifying expectations	Sets clear goals and objectives, giving clear explanations of what is expected
	Managing time and resources	Is aware of the team's workload, arranges for extra resources or redistributes workload when necessary
	Following processes and procedures	Effectively understands, explains and follows up on processes

These competencies were covered in the survey design. All employees were asked how often each of these competencies applies to their line manager on a frequency scale ranging from 'never' through to 'always.' The subsequent responses are summarised in the following table.

Table 6: Frequency with which line managers display core competencies (All responses)

	Never	Rarely	Some times	Often	Always	Not provided	Summary: Never/ rarely	Summary: Often/ always	Wales: Often/ always
Supporting employee growth									
Shows trust in you	4%	6%	22%	36%	31%	1%	10%	67%	67%
Involves you in problem solving and decision making	9%	16%	31%	29%	14%	1%	25%	43%	42%
Gives positive and constructive feedback and offers praise and acknowledges good work	10%	20%	30%	25%	14%	1%	30%	39%	39%
Interpersonal style and integrity									
Shows genuine care and concerns for employees	7%	10%	28%	30%	24%	1%	17%	54%	55%
Holds regular one to one meetings with employees and is available when needed	11%	22%	28%	22%	16%	1%	31%	38%	39%
Demonstrates a positive approach to work and leads by example	8%	13%	25%	32%	21%	1%	21%	53%	52%
Respects confidentiality and treats employees fairly	6%	9%	21%	32%	31%	1%	14%	63%	64%
Monitoring direction									
Offers help and guidance and advice to employees	6%	11%	29%	31%	23%	1%	16%	54%	54%
Sets clear goals and objectives giving clear expectations of what is expected	7%	16%	29%	29%	18%	1%	23%	47%	47%
Is aware of the team's workload and arranges for extra resources and redistributes workload where necessary	11%	19%	31%	23%	15%	1%	31%	38%	39%
Effectively understands and explains and follows work processes and	7%	11%	26%	34%	21%	1%	18%	55%	54%

[illegible]

The competencies that line managers within Hywel Dda most commonly display (often or always) are supporting autonomy and empowerment by showing trust in staff (67%), and behaving ethically, by respecting confidentiality and treating employees fairly (63%). More than half of employees also feel that line managers often or always support individual interests by showing genuine care and concern for employees (54%), follow processes and procedures (55%), and review and guide progress by offering help, guidance and advice (54%).

In contrast, the competencies that line managers are least likely to display frequently are those that relate to feedback, praise and recognition, availability, and managing time and resources. Only 39% say their manager often or always gives positive and constructive feedback and acknowledges good work; 38% say they hold regular one to one meetings with employees and is available when needed. Similarly, 38% give the same response in relation to line managers being aware of the team's workload, arranging for extra resources and workload re-distribution where necessary.

The pattern of responses for Hywel Dda is very similar to that identified in the national overview for NHS Wales as a whole, which are also summarised in the right hand column of Table 6.

The importance of these competencies being demonstrated more frequently by line managers is shown by the table below. Those who agree that they get clear feedback about how well they are doing in their job are significantly more likely to be satisfied with their job, more likely to feel their work is valued and more likely to feel they have enough information to do their job well.

Table 7: Differences in perceptions between those who receive clear feedback and those who do not (All responses)

	Employees who agree this is the case	Employees who disagree this is the case
Satisfied with present job	84%	48%
I often have trouble working out whether I am doing well or poorly in this job -% agree	15%	42%
Satisfied with the extent to which my organisation values my work	60%	7%
I can influence what goes on in my work area -% agree	55%	24%
The organisation provides me with enough information to enable me to do my job well -% agree	64%	30%
Sample base	615	653

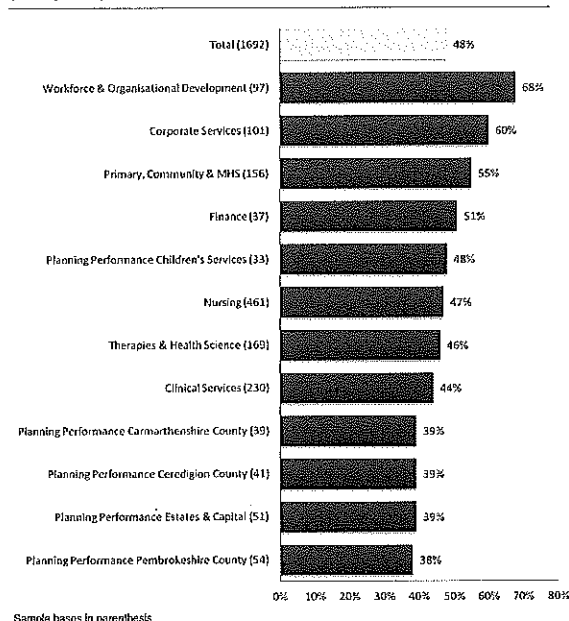
In order to summarise perceptions of line managers the mean proportion of employees who state that each of 14 competencies are often or always displayed by their line manager has been calculated. These 14 competencies include the 11 already discussed, plus more general measures of whether line managers are visible; are

effective in helping employees to focus on the work they are doing and whether they make employees feel positive about their role.

For Hywel Dda this index score of line manager competencies being evident often or always is 48%. For NHS Wales as a whole the score is 49%.

Applying this index score approach to each department/directorate (where sample sizes permit analysis) shows that employees in Workforce & Organisational Development most commonly state that their line managers display positive line manager competencies (68%). In contrast, staff in Planning Performance Carmarthenshire County, Planning Performance Ceredigion County, Planning Performance Estates & Capital (39% in each case) and in Planning Performance Pembrokeshire County (38%) least commonly state this is the case.

Figure 16: Index score of line manager competencies being displayed often or always (All responses)



5.5 Taking action against bullying, harassment and violence

Survey responses suggest that issues of bullying, harassment and violence affect a small but notable minority of staff within Hywel Dda. In the past 12 months:

- 19% have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public (a similar proportion as in NHS Wales overall: 18%).

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- 19% have personally experienced harassment, bullying or abuse at work from manager/ team leader or other colleagues (a similar proportion as in NHS Wales overall: 18%).
- 11% have personally experienced physical violence at work from: patients/service users or other members of the public (the same proportion as in NHS Wales overall: 11%).
- Just 2% have personally experienced physical violence at work from a manager/team leader or other colleagues (almost the same proportion as in NHS Wales overall: 1%).

As not all employees work directly with the public it is important to look at responses in a little more detail. The table below shows the particular departments/directorates for which the prevalence of abuse and violence is highest.

Table 8: Highest incidence of bullying, harassment and violence from the public (All responses)

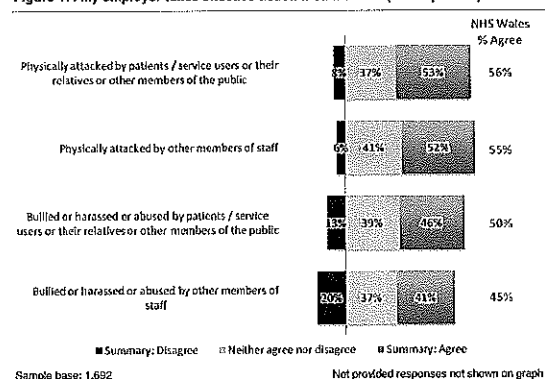
Experience of harassment, bullying or abuse from public - department/directorates where incidence is highest
Nursing (31%)
Experience of physical violence from public- department/directorates where incidence is highest
Nursing (26%)

Clearly, in order to create positive work climates any incidents of bullying or violence need to be identified and acted upon irrespective of the source. Amongst all Hywel Dda employees, when asked if effective action is taken in response to incidents:

- 53% agree this is the case when staff are physically attacked by patients / service users, their relatives or other members of the public.
- 52% agree this is the case when staff are physically attacked by other members of staff.
- 46% agree this is the case when staff are bullied, harassed or abused by patients /service users, their relatives or other members of the public.
- 41% agree this is the case when staff are bullied, harassed or abused by other members of staff.

As shown by the figure below more than a third answer neutrally on these issues, rather than disagreeing that effective action is not taken. However, 20% do disagree that effective action is taken when staff are bullied, harassed or abused by other members of staff. This suggests this is a possible area for improvement. The figure also shows that agreement with each statement within Hywel Dda is lower than the levels of agreement reported for NHS Wales as a whole.

Figure 17: My employer takes effective action if staff are...? (All responses)



To provide further insight on this issue the views at this question of those who have experienced any form of bullying or harassment are shown in the table below. This shows that agreement that employers take effective action in all four scenarios is lower among those who have experienced either violence or bullying compared to those who have not. As the former group are those best able to judge the response their employer provides in these situations this suggests that perception of that effective action is taken is diminished rather than enhanced by experience of these issues. Ideally the opposite should be the case.

Table 9: Views of those who have experienced harassment or violence on employer's action in response (All responses)

% agree employer takes effective action if staff are	Experienced physical violence (any source)?		Experienced bullying (any source)?	
	Employees who have	Employees who have not	Employees who have	Employees who have not
Physically attacked by patients / service users or their relatives or other members of the public	47%	54%	48%	56%
Physically attacked by other members of staff	42%	54%	46%	55%
Bullied or harassed or abused by patients / service users or their relatives or other members of the public	39%	47%	38%	50%
Bullied or harassed or abused by other members of staff	36%	42%	29%	48%
Sample Base	204	1,461	540	1,130

5.6 Chapter Summary: key observations

Various indicators within the survey responses provide an indication that many staff find their working environment pressurised. Half of employees (50%; 48% across NHS Wales) agree that they do not have time to carry out all their work. When asked if they are able to meet the conflicting demands on their time views are extremely similar with 52% agreeing they cannot (48% across NHS Wales) and 24% disagreeing.

A further indicator of the pressure within organisations is the finding that 68% of Hywel Dda employees state that in the last three months they have gone to work despite not feeling well enough to perform their duties (70% of all NHS Wales employees). While this shows commitment among these employees, it should be questioned whether this is beneficial to staff themselves, their colleagues and indeed patients/service users.

During the last 12 months a third (34%; 33% across NHS Wales) of employees state that they have been injured, or felt unwell as a result of work related stress.

Six in ten employees are satisfied with the level of manager support they receive (61%; 61% across NHS Wales), including 28% who give the most positive response of very satisfied. The competencies that line managers within NHS Wales most commonly display (often or always) are supporting autonomy and empowerment by showing trust in staff (67%; 67% across NHS Wales) and behaving ethically, by respecting confidentiality and treating employees fairly (63%; 64% across NHS Wales). In contrast, the competencies that line managers are least likely to display frequently are those that relate to feedback, praise and recognition, availability, and managing time and resources.

Employees who receive regular feedback on how they are doing are more likely to be satisfied overall are more likely to feel valued and more commonly feel they are able to have an influence on their area of work. These wider benefits of providing regular feedback should be communicated to all line managers.

Survey responses suggest that issues of bullying, harassment and violence affect a small but notable minority of staff. In the past 12 months 19% have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public and 19% have personally experienced harassment, bullying or abuse at work from manager/ team leader or other colleagues. These incident levels are almost identical to those reported amongst all employees across the whole of NHS Wales (18% in each case).

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Human resource management practices

6 Human resource management practices

6.1 Introduction

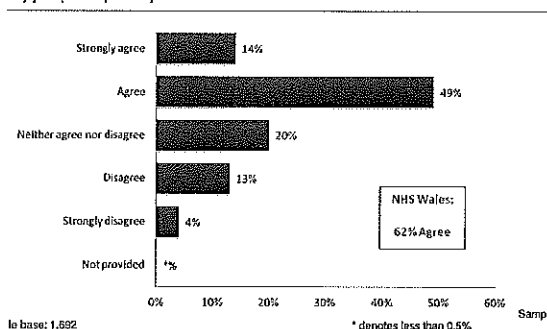
This section of the report focuses on the human resource management practices including the quality of training, the prevalence of the appraisal process and its impact, plus equality issues. The responses in this chapter will illustrate the views of employees on the processes that are there to support them.

6.2 Role design

In order that employees can clearly judge their own performance and progress each individual should have a formal set of goals and objectives. When asked whether they have planned goals and objectives for their job role, 63% indicate that this is the case, but 20% answer neutrally and 17% disagree.

Agreement with the statement amongst Hywel Dda employees is almost the same as amongst all NHS Wales employees (62% agree on average).

Figure 18: Agreement with statement: 'I have clear & planned goals and objectives for my job' (All responses)



Among those who do not have clear planned goals and objectives for their job, 53% agree that they often have trouble working out whether they are doing well or poorly in this job. Among those with clear objectives this proportion drops to 21%.

Among those satisfied with their present job role 74% agree that they have clear personal objectives. In contrast, among those who are dissatisfied with their present job just 38% state that they have such plans and objectives. This finding illustrates the broader benefits for individuals of formal planned goals and objectives.

NHS Wales Staff Survey 2013- Hywel Dda Health Board

Overall, nearly three quarters of employees agree that they always know what their work responsibilities are (73%; 74% across NHS Wales), while 13% disagree this is the case. Among those who have clear objectives for their role, the proportion who agree that they always know what their responsibilities are rises to 67%.

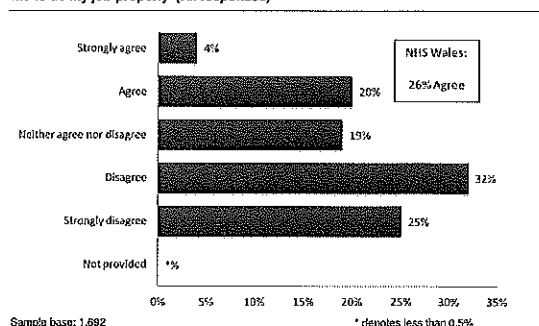
Further analysis shows that just 65% of line managers feel they have clear planned goals and objectives for their job. This compares to the 62% of non-managers, which suggests line managers are just as likely, or even more likely to feel like they do not have a clear direction. On the same theme, 73% of those with line management responsibility always know what their work responsibilities are. While this proportion is the same as the 73% of non-line managers who give the same response, this still means 13% of line managers do not always know what their responsibilities are. The potential negative impact of this upon those working under these managers is a concern.

6.3 Workforce capacity

When considering capacity issues within their organisation more employees disagree (57%) than agree (24%) that there are enough staff at this organisation for them to do their job properly. This compares with a similar pattern of responses amongst NHS Wales as a whole (55% and 26% respectively).

This negative balance clearly suggests that capacity issues are a concern for Hywel Dda and NHS Wales employees. Alongside this, as already noted in section 5.3 regarding work pressures, 50% of employees agree that they do not have enough time to carry out all of their work.

Figure 19: Agreement with statement: 'there are enough staff at this organisation for me to do my job properly' (All responses)



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Looking at these capacity issues in more detail shows that disagreement that there are enough staff at this organisation for them to their job properly is more commonly expressed by line managers (62%) than by those who do not have these responsibilities (54%). At a department/directorate level, the group that most commonly disagrees that sufficient staff are available is Therapies & Health Science (72%), followed by Clinical Services (66%). Whether these heightened perceptions of a lack of staff among these departments/directorates are a true reflection of capacity issue in these areas should be reviewed.

6.4 Inappropriate staff deployment

A potential source of danger and errors is clinical staff being deployed to areas where they do not feel confident or competent to work. In the past twelve months 8% of Hywel Dda staff say that they have moved from their own clinical area to another, where they have not felt confident or competent to work. This is lower than the proportion across NHS Wales as a whole (10%). Please note 18% said this question was not applicable to them. This proportion who felt inappropriately deployed peaks at 16% among Nursing staff. Going forward, it should be an ambition to lower the proportion within the departments/directorates who feel inappropriately deployed.

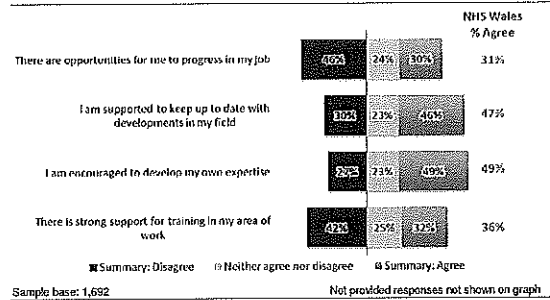
6.5 Training and development

Four specific statements in relation to training development were included in question 16 of the survey. The responses to each are summarised in Figure 20. This figure shows that a greater proportion of employees disagree (46%) rather than agree (30%) that there are opportunities for them to progress in their job. The proportion that disagree (42%) there is strong support for training in their area of work is also higher than the proportion agrees (32%).

However, when asked whether they are supported to keep up to date with developments in their field and in developing their own expertise the balance is reversed, with the proportions that disagree (30% and 27%) outweighed by those in agreement (46% and 49%).

As the following figure highlights, the levels of agreement amongst staff within Hywel Dda are generally similar to that amongst NHS Wales as a whole, although the proportion that agree there is strong support for training in their area of work is lower.

Figure 20: To what extent do you agree or disagree with the following statements about your opportunities at work? (All responses)

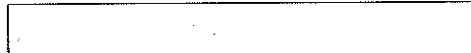


The multiple career paths and training requirements within the NHS Wales and Hywel Dda workforce mean that responses in relation to training and development need to be viewed by department/directorate. Table 10 shows the highest levels of disagreement by department/directorate that there are opportunities for progression and that there is strong support for training in their area of work.

Table 10: Highest disagreement on training and development issues by department/directorate

Department/directorates who most commonly disagree there are opportunities for them to progress in their job
Finance (70%)
Department/directorates who most commonly disagree there is strong support for training in their area of work
Therapies & Health Science (51%)
Planning Performance Ceredigion County (56%)
Planning Performance Pembrokeshire County (56%)
Planning Performance Estates and Capital (63%)

49 50



The most common forms of training and development that Hywel Dda employees have undertaken in the last 12 months is keeping up to date with developments in their type of work (61%; 60% across NHS Wales) through reading journals, or attending seminars and workshops. A similar proportion (55%; 55% across NHS Wales) have been on taught courses, and nearly one third (30%; 53% across NHS Wales) have experienced e-learning / online training.

Where employees have received training or learning development over the last 12 months (paid for and provided by their employer) only half appear to be positive about it as:

- 52% state it has helped them to do their job better (52% on average across NHS Wales);
- 51% state it has helped them to stay up-to-date with their job (54% across NHS Wales); and,
- 53% state it has helped them stay up-to-date with professional requirements (55% across NHS Wales)

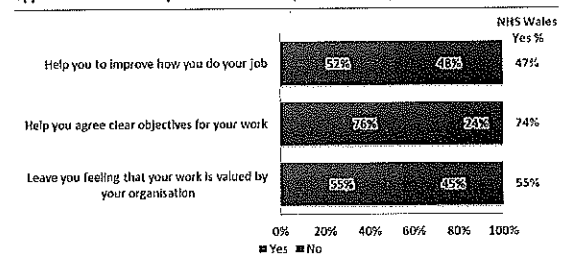
6.6 Appraisal processes

In the last 12 months just over two fifths of Hywel Dda staff (42%) indicate that they have had a personal development appraisal or KSF review. This is notably lower than the proportion of staff across NHS Wales as a whole that say they have done so in the last 12 months (55%).

The departments/directorates least likely to have had such a review during this period are Nursing (35%), Planning Performance Ceredigion County (29%) and Planning Performance Estates & Capital (12%).

The feedback given by those who have experienced this process is somewhat mixed. While three quarters of those who have had a personal development appraisal or KSF review said that it helped them to agree clear objectives for their work (76%; 74% across NHS Wales), just over half said it helped them to improve how they do their job (52%; 47% in NHS Wales as a whole). Alongside this, 55% felt this process left them feeling that their work is valued by their organisation (compared with the same proportion across NHS Wales), but 45% disagreed this was the case.

Figure 21: Did the appraisal / review...? (Those who have had a personal development appraisal or KSF development review in the past 12 months)



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While the above findings suggest that there may be scope for the personal development appraisal process to be improved, it should be noted that those who have been through this process more commonly hold positive opinions on a number of key indicators. As table 11 below clearly demonstrates, those who have had an appraisal within the last 12 months are significantly more likely to feel that they have clear objectives, and are less likely to feel uncertain about how they are performing. Participants in such review processes are also significantly more likely to agree that they are encouraged to develop their own expertise. While a direct causal effect between appraisals and these views cannot be proved, these correlations clearly demonstrate that a successful formal review process for staff is likely to generate wider benefits for employees.

Table 11: Association between Involvement in appraisal process and employees' Views on their job role (All responses)

	Appraisal received?	
	Employees who have had	Employees who have not had
% Agree		
I have clear & planned goals and objectives for my job	74%	55%
I often have trouble working out whether I am doing well or poorly in this job	22%	32%
I get clear feedback about how well I am doing my job	49%	26%
I am encouraged to develop my own expertise	65%	37%
% satisfied with		
The recognition I get for good work	56%	39%
Sample base	717	953

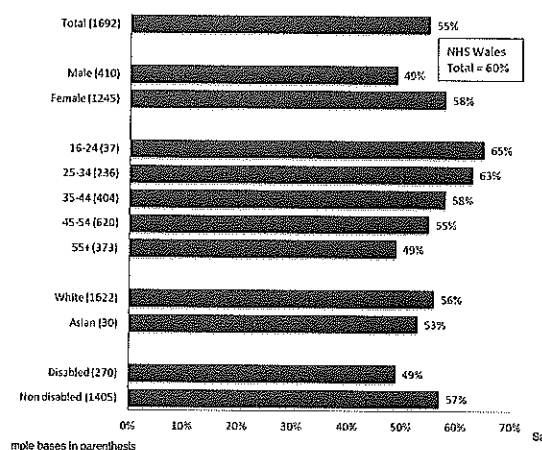
While appraisals are the formal mechanism for providing employees with feedback, feedback should also be a central part of the line-manager-line report relationship and team environments. Among all employees at present only 43% agree their line manager gives them clear feedback on my work (compared with 43% across NHS Wales). Conversely, 27% disagree that this is the case with a further 29% neither agreeing nor disagreeing.

6.7 Equalities issues

One question on the issue of equalities was included in the survey questionnaire. All employees were asked whether their employer acts fairly with regard to career progression/promotion, regardless of, for example, race or ethnic background, gender, religion and belief, sexual orientation, pregnancy, disability, marriage or civil partnership, age or caring responsibilities. Overall, approaching six in ten employees (55%; 60% in NHS Wales) feel that this is the case with just 14% stating the opposite. The fact that 30% said 'don't know' to this question suggests this is perhaps something that some staff find difficult to judge in their day to day roles.

On such a question it is important to consider whether differences in opinion exist among different equalities groups. On this basis, responses to this issue by age, gender, ethnicity and disability are shown in the following figure. This figure illustrates that females are significantly more likely to agree that their employer acts fairly compared to males (58% cf. 49%). In terms of age, those agreeing that their employer acts fairly falls with age, with those aged 16-24 most commonly stating this is the case (65%). Notably, those with a disability or long term condition are significantly less likely to feel that their employer acts fairly in terms of career progression and promotion compared to those who do not (49% cf. 57%).

Figure 22: Proportion who agree their employer acts fairly with regard to career progression/promotion (All responses)



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6.8 Chapter Summary: key observations

When considering capacity issues within their organisation more Hywel Dda employees disagree (57%) than agree (24%) that there are enough staff for them to do their job properly. This negative balance clearly suggests that capacity issues are a concern for Hywel Dda employees and chimas with previous results about the ability of employees to complete their workloads.

A potential source of danger and errors is clinical staff being deployed to areas where they do not feel confident or competent to work. In the past twelve months 8% of Hywel Dda staff say that they have moved from their own clinical area to another, where they have not felt confident or competent to work (this compares with 10% across NHS Wales). This proportion peaks at 16% amongst Nursing staff.

In the last 12 months just over two fifths of Hywel Dda employees indicate that they have had a personal development appraisal or KSF review (42%). This proportion is significantly lower than the average proportion across NHS Wales as a whole (55%). Within Hywel Dda employees in the Nursing (35%), Planning Performance Ceredigion County (29%) and Planning Performance Estates and Capital departments (12%) are even less likely to have had a personal development appraisal or KSF review.

The feedback given by those who have experienced an appraisal or KSF review is somewhat mixed. While three quarters of those who have had a personal development appraisal or KSF review said that it helped them to agree clear objectives for their work (76%; 74% across NHS Wales), just over half (52% within Hywel Dda; 47% across NHS Wales as a whole) said it helped them to improve how they do their job. Alongside this 55% (55% across NHS Wales) felt this process left them feeling that their work is valued by their organisation, but 45% disagreed this was the case.

However, further analysis shows that on various indicators those who have experienced an appraisal process are more likely to hold positive views than those who have not. These measures include employees being able to judge their own performance and having a clear set of objectives. While they should not be the only form of providing feedback, these variations do suggest that an appraisal process generates wider benefits and that their uneven incidence across the organisation should be addressed.

All employees were asked whether their employer acts fairly with regard to career progression/promotion, regardless of, for example, race or ethnic background, gender, religion and belief, sexual orientation, pregnancy, disability, marriage or civil partnership, age or caring responsibilities. Overall, approaching six in ten employees (55%; 60% across NHS Wales) feel that this is the case with just 14% stating the opposite. The fact that 30% said 'don't know' (28% across NHS Wales) to this question suggests this is perhaps something that some staff find difficult to judge in their day to day roles.

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7 Effective team working

7.1 Introduction

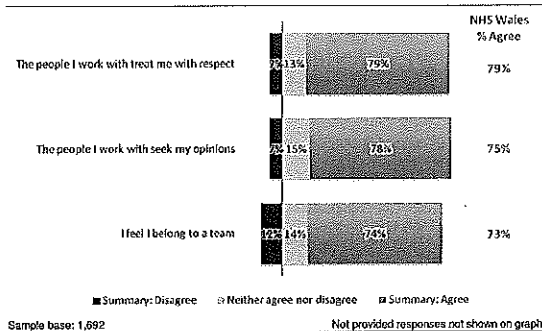
The nature of the team working employees experience within their organisation is summarised in this report chapter.

7.2 Team membership

Nine in ten Hywel Dda employees state that they work in a team (91%; 91% across NHS Wales). This statistic relates to the organisational structures in which employees operate. It is more pertinent to consider whether employees have an emotional connection to a team. Three quarters (74%) of Hywel Dda employees feel that they belong to a team, with the remainder either disagreeing (12%) or answering neutrally (14%). On this basis, the majority of staff appear to feel that they are working in a collaborative way rather than in isolation. This is further substantiated by the fact that 78% of employees say that the people that they work with seek their opinions and that 79% believe colleagues treat them with respect.

As the following figure highlights these views on team membership within Hywel Dda are in line with those provided across all employees within NHS Wales.

Figure 23: Views on team membership and respect issues (All responses)

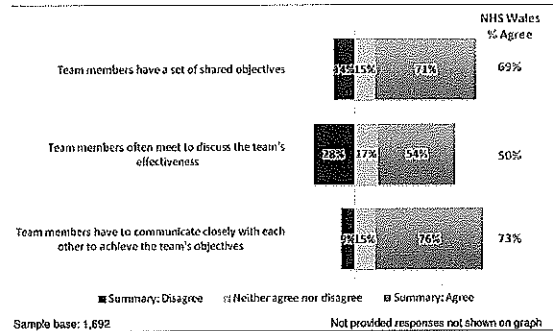


7.3 Team objectives and team working

Those who state that they work within a team structure were asked to comment on three aspects of their team working. As shown below, seven in ten (71%) employees feel that team members have a shared set of objectives, but 14% disagree that this is the case. While three quarters (76%) of employees believe team members have to communicate closely with each other to achieve their team's objectives only 54% state that team members meet often to discuss the team's effectiveness. Nearly three in ten (28%) employees disagree that team members meet often to have such discussions, suggesting that a sizeable proportion of employees do not have a forum where experience and learning can be shared with colleagues.

Once again these findings are similar to those reported across NHS Wales as a whole, as the following figure illustrates.

Figure 24: Views on team objectives and team working (All those who work in a team)



The departments/directorates least likely to agree that their team often meets to discuss effectiveness are Planning Performance Pembrokeshire County (35%) and Planning Performance Estates & Capital (23%). Further analysis shows that among those who agree that they get clear feedback on how well they are doing, 80% agree that their team often meets to discuss effectiveness. Among those who do not feel they get such feedback just 32% agree they have such team meetings.

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7.4 Summary: key observations

Just under three quarters of Hywel Dda employees feel that they belong to a team (74%; 73% across NHS Wales), with the remainder either disagreeing (12%) or answering neutrally (14%). On this basis, the majority of staff appear to feel they are working in a collaborative way rather than in isolation. This is further substantiated by the fact that more than three-quarters of employees say that the people that they work with seek their opinions (78%; 75% on average across NHS Wales) and eight in ten feel that colleagues treat them with respect (79% in Hywel Dda and across NHS Wales).

While three quarters of Hywel Dda employees believe their team members have to communicate closely with each other to achieve the team's objectives (76% in Hywel Dda and 73% across NHS Wales), only 54% state that team members meet often to discuss the team's effectiveness (50% across NHS Wales). More than a quarter (28%) of employees disagree that team members meet often to have such discussions, suggesting that a sizeable proportion of employees do not have a forum where experience and learning can be shared peer to peer.

8 Building trust and good communication

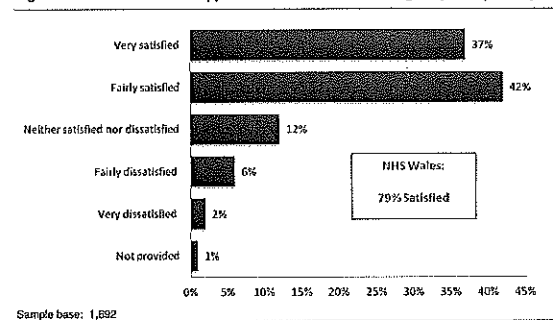
8.1 Introduction

This final chapter of the report summarises the various indicators of trust at different levels of the organisation. In effective organisations the trust between colleagues; within teams; between line managers and line reports and between senior managers and the wider workforce will be evident, based on strong communication of what each are doing and why.

8.2 Trust between colleagues

As already reported in section 7.2 in relation to team working, 78% of employees state that the people that they work with seek their opinions, with only 7% disagreeing this is the case. When asked whether they are satisfied with the support they get from work colleagues responses are similar with 79% satisfied (79% across NHS Wales) and just 8% dissatisfied.

Figure 25: Satisfaction with support received from work colleagues (All responses)



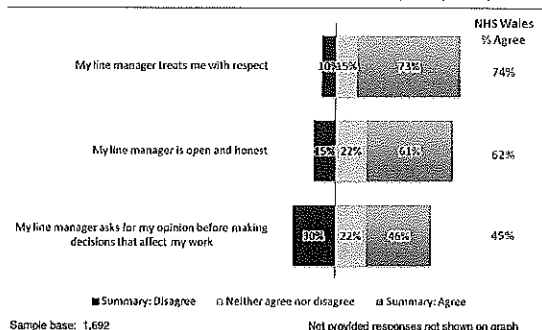
Both these findings suggest that supportive and collaborative team working cultures are identified by most employees, despite the concerns regarding workload and capacity pressures expressed elsewhere.

59 60

8.3 Trust between staff and line managers

The extent to which core competencies are exhibited by line managers is reported in detail in section 5.4 of this report. As already noted, 67% of employees feel that their line manager shows trust in them often or always. Indeed this was the competency that employees most commonly identified in their line manager. When commenting about their line manager on an agree-disagree Likert scale, 61% feel that their line manager is open and honest. While this positive skew to opinion is positive, there is clearly scope for further improvement on this measure given that 22% gave a neutral response. Given that mutual respect will be the foundation of trusting relationships between line managers and their staff, it is notable that a majority of 73% employees agree that their manager treats them with respect.

Figure 26: Indicators of trust between line managers and staff (All responses)

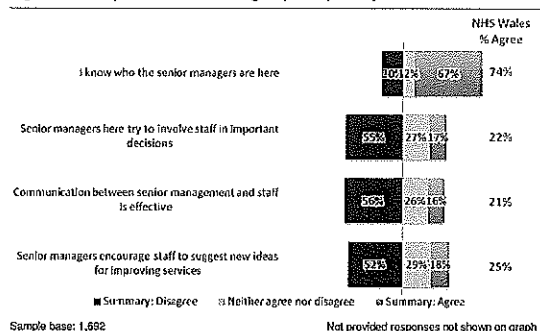


8.4 Trust between staff and senior leaders

When considering the senior managers within their organisation, two thirds of Hywel Dda employees agree that they know who these individuals are (67%; 74% of NHS Wales employees). However, when considering the behaviours of senior managers the balance of opinion is skewed towards the negative. Just 17% of Hywel Dda employees agree that senior managers try to involve staff in important decisions (22% across NHS Wales) and three times as many disagree this is the case (51%). The same pattern is seen in relation to the suggestion that communication between senior management and staff is effective as 56% disagree this is the case. More employees disagree (52%) than agree (18%) that senior managers encourage staff to suggest new ideas for improving services. These results seem to suggest a perceived remoteness between the upper levels of the organisation and employees in their day to day roles, which crucially may suppress upwards flow of ideas and innovation to the detriment of service improvement.

The same pattern of response is reported within NHS Wales overall, however, as the following figure shows, agreement with each of these statements is lower within Hywel Dda than on average.

Figure 27: Perceptions of senior managers (All responses)



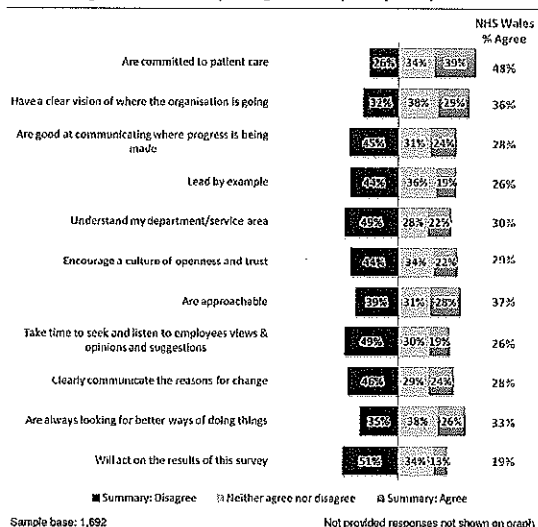
Expanding on this theme further, only one of eleven additional statements about the characteristics of senior managers resulted in more Hywel Dda employees agreeing rather than disagreeing. As shown below 39% believe that senior managers in their organisation are committed to patient care. However, for all other statements disagreement is more common. This is particularly the case for consultative behaviours. Nearly half (49%) disagree that senior management take the time to seek and listen to employees views and as a result 49% disagree that senior managers understand their department or service area. Given the theme of this report chapter it

61 62

is important to note that more Hywel Dda employees disagree (44%) than agree (22%) that senior managers encourage a culture of openness of trust.

As well as the overall negative balance of opinion shown in the figure below, it should also be noted that around a third of employees answered neutrally for each statement. This may suggest that these employees do not have enough exposure to the actions of senior managers to judge their behaviours.

Figure 28: How far do you agree or disagree with the following statements about the Senior Management Team within your organisation? (All responses)

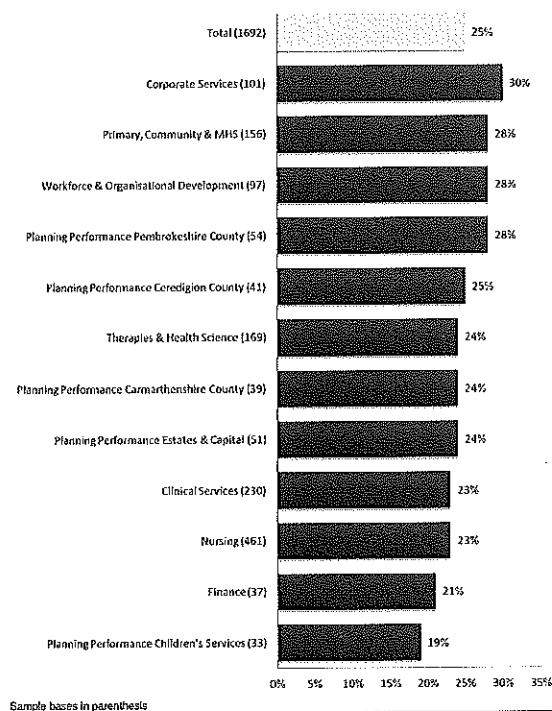


A final notable finding is the fact that only 13% of employees agree that senior managers will act on the results of this survey (19% across NHS Wales), with 51% disagreeing this will be the case. This is a further indicator of a lack of trust in senior managers. Confronting these low expectations with strong communication of the survey results and resulting actions will be vital. This will be an easily achievable way of demonstrating a commitment to listen to and acting upon the views of employees.

In order to identify particular groups in which perceptions of senior managers are particularly weak, an index score of agreement has been generated from the ratings provided in Figure 29. For the purposes of this calculation the survey specific statement 'senior managers will act on the results of this survey' has been excluded. The average score from the remaining ten statements is 25% for Hywel Dda, compared with 32% for NHS Wales as a whole. By department/directorate the scores range from 30% amongst Corporate Services, down to 19% amongst employees in Planning Performance Children's Services.

63 64

Figure 29: Index score of perceptions of senior managers



8.5 Chapter Summary: key observations

Two thirds of Hywel Dda employees feel that their line manager shows trust in them often or always (67%; the same proportion as across NHS Wales). This is the competency that employees most commonly identify in their line manager. When commenting about their line manager on an agree-disagree Likert scale 61% feel that their line manager is open and honest (62% across NHS Wales). While this positive skew to opinion is positive, there is clearly scope for further improvement on this measure given that 22% gave a neutral response.

When considering the behaviour of senior managers the balance of opinion is skewed towards the negative. While 17% of employees agree that senior managers try to involve staff in important decisions (22% across NHS Wales), three times as many disagree this is the case (51%). More employees disagree (52%) than agree (18%; 25% across NHS Wales) that senior managers encourage staff to suggest ideas for improving services. These results seem to suggest a perceived remoteness between the upper levels of the NHS organisations and employees in their day to day roles, which crucially may suppress upwards flow of ideas and innovation to the detriment of service improvement.

Many of the responses to statements about senior managers are characterised by significant proportions of employees answering neutrally. With these staff unable to answer one way or another implies there is potential for senior managers to become much more visible and integrated within the organisation.

Nearly half of employees disagree that senior management take the time to seek and listen to employees views (49%; 40% across NHS Wales) and as a result 49% disagree that they understand their department or service area (41% across NHS Wales). These findings suggest that further work is required to enhance the corporate culture so that it is one where the flow of information upwards through the organisation is welcomed.

Only 13% of employees agree that senior managers will act on the results of this survey (compared with 19% across NHS Wales as a whole), with 51% disagreeing this will be the case. This is a further indicator of a lack of trust in senior managers. Communicating and acting upon the results of this survey, presents a prime opportunity to demonstrate a listening approach given the scepticism regarding whether results will be acted upon.

Appendix 1: Sample profile

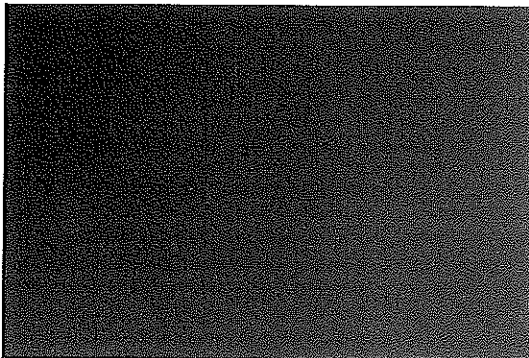
9 Appendix 1: Sample profile

For reference the characteristics of the survey sample is shown in the table below. These tables provide an indication of how prevalent each listed group is within the overall survey sample.

Department/Directorate	%
Clinical Services	14%
Corporate Services	6%
Finance	2%
Nursing	22%
Primary, Community & MHS	9%
Therapies & Health Science	10%
Workforce & Organisational Development	6%
Planning Performance (Operational) Children's Services	2%
Planning Performance (Operational) Carmarthenshire County	2%
Planning Performance (Operational) Ceredigion County	2%
Planning Performance (Operational) Pembrokeshire County	3%
Planning Performance (Operational) Estates & Capital	3%
Other	4%
Not provided	9%
Gender	%
Male	24%
Female	74%
Not provided	2%
Age	%
16-24	2%
25-34	14%
35-44	24%
45-54	37%
55-64	21%
65+	2%
Not provided	1%

NHS Wales Staff Survey 2013: Hywel Dda Health Board

Ethnicity	%
White Welsh / English / Scottish / Northern Irish / British	94%
White Irish	1%
Any other White background	1%
Mixed / multiple ethnic groups White and Black Caribbean	*%
Mixed / multiple ethnic groups White and Asian	*%
Any other Mixed / multiple ethnic background	*%
Asian / Asian British Indian	1%
Asian / Asian British Pakistani	*%
Any other Asian background	*%
Black / African / Caribbean / Black British African	*%
Black / African / Caribbean / Black British Caribbean	*%
Any other black / African / Caribbean background	*%
Other ethnic group Arab	*%
Any other ethnic group	*%
Not provided	1%
Physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	%
Yes	16%
No	83%
Not provided	1%
Religion	%
No religion	32%
Christian (all denominations)	62%
Buddhist	1%
Hindu	1%
Jewish	*%
Muslim	*%
Any other religion	2%
Not provided	2%
Sexuality	%
Heterosexual or Straight	90%
Gay or Lesbian	1%
Bisexual	1%
Other	*%
Prefer not to say	6%
Not provided	2%



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NHS Wales Staff Survey 2016

Hywel Dda Local Health Board

Final 2.0



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2

1 Foreword

1.1 Cabinet Secretary Foreword

I want to recognise and celebrate the invaluable contribution that our NHS workforce makes to the health of our nation and that of future generations every day. Our priority is to ensure the Welsh NHS has the right workforce it needs for the long term so we can continue to provide the best possible service for people in Wales in the face of rising demand and increasing complexity of care.

The workforce are at the heart of our NHS and it is vital that we listen carefully to their views to create the conditions that enable and empower them to deliver the very best the NHS can offer for the people of Wales. The 2016 NHS Wales Staff Survey was launched in August this year. At the time I emphasised the value I placed on hearing your feedback – both positive and negative – to ensure good points can be highlighted and action can be taken to make improvements.

We know that employee engagement is vital for the success of any organisation. In the NHS, higher levels of engagement can lead to higher levels of patient care and safety. I am pleased to see that the response rate for this year's survey has increased by 11%, that the workforce engagement index has increased too and the vast majority of questions show positive improvements since the last survey in 2013. This reflects the positive actions that have taken place since the last survey. However, the survey also shows that there is more work to do I am committed to working in partnership through the Welsh Partnership Forum to ensure that we take effective action to tackle the priorities identified by the workforce to continue making improvements for everyone working in our health service.

Vaughan Gething AM

Cabinet Secretary for Health, Wellbeing & Sport

1.2 Welsh Partnership Forum Joint Chairs' Foreword

As co-chairs of The Welsh Partnership Forum we have been pleased to oversee the design and delivery of the NHS Wales Staff Survey 2016 and now to present the results.

Regular national surveys of health service staff across Wales are an essential and integral component of the staff engagement and service management architecture of NHS Wales. Delivering the survey through the Welsh Partnership Forum enables the Welsh Government, the NHS Wales Trades Unions and NHS Wales Management to work co-productively to ensure that the survey is both well designed and effectively delivered. More importantly, it commits us to joint action to ensure that the lessons learned from the survey are translated into tangible, positive changes within our health services for the mutual benefit of frontline staff and the patients that they serve.

The results of the 2016 survey reflect the experiences of frontline NHS staff who are caring for the citizens of Wales within a challenging service landscape; with escalating demand for services, from an ageing population with increasingly complex health care needs. Our staff make the NHS what it is and their views matter.

We find it very encouraging that overall the results of the staff survey undertaken this year suggest a generally positive attitude on the part of our workforce about their day to day experience of working within NHS Wales. We also welcome the more positive responses this year to most of the questions within the survey, when compared to the results from 2013.

Whilst this is very encouraging news, some of the results clearly indicate key areas where there is more work to be done to improve the experience of being a frontline staff member within NHS Wales. As co-chairs and therefore co-leaders of the Welsh Partnership Forum we are committed to ensuring that this work is prioritised and effectively undertaken. We expect the same level of commitment and determination from our Health Boards and NHS Trusts to include working in partnership with local trades unions to determine actions that need to be progressed to respond to their local results, embedding such actions within local plans and rigorous monitoring of progress via local partnership arrangements.

We will be evaluating both the responses made and the outcomes we expect in support of staff working across Wales in a range of settings. We recognise their commitment to the NHS in Wales and thank them for what they do every day.

Dr Andrew Goodall

Director General of Health
and Social Services/Chief
Executive, NHS Wales

Peter Meredith-Smith

Associate Director
(Employment Relations)
Royal College of Nursing
in Wales

Tracy Myhill

Chief Executive
Welsh Ambulance
Services NHS Trust

Scores on staff's attitude to change in their organisation have mostly improved since 2013, but the results still show some dissatisfaction and are almost all below the all Wales scores. 70% of staff say they support the need for change; 25% say that change is well managed.

There have been significant improvements in all but one of the scores on communications since 2013. 88% of staff say that they are able to provide services in Welsh when this is the preference of the service user (up from 58% in 2013) – and now 18% above the overall NHS Wales score.

Scores on learning and development have shown improvements since 2013, however many of these scores remain below the overall NHS Wales score. There have been some interesting changes in provision, with 77% of staff now saying that they took part in e-learning/on-line training in the last 12 months, up from 30% in 2013. 72% of staff say that they had a performance appraisal/review in the last 12 months, an improvement from 43% in 2013.

Many scores on health, well-being and safety at work have improved since 2013. However, there are still some areas for consideration. For example, 15% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues; and 50% say that their organisation takes effective action as a result. Levels of work-related stress have improved slightly, but are still high: 28% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – this was 35% in 2013.

Just over half of staff (53%) say they are able to make improvements happen in their area of work, this is up from 46% in 2013 and is just above the overall NHS Wales score (52%). 75% of staff say that the care of patients/service users is their organisation's top priority, compared to 52% in 2013. 63% of staff say that they would recommend their organisation as a place to work, compared to 46% in 2013 and 67% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 49% in 2013. 65% of staff say that they are proud to tell people they work for their organisation, this is higher than 2013 when it was 47%. All of these scores show improvements since 2013.

The engagement index scores for Hywel Dda LHB have improved since 2013 in all three themes making up the score. This is particularly the case in the 'Staff advocacy and recommendation' theme which has seen a 0.4 improvement. This theme includes the question on whether staff would recommend the organisation as a place to work; and whether staff feel proud to tell people they work for the organisation.

Hywel Dda LHB's engagement scores are above the overall NHS Wales score in all three of the themes, so the overall engagement index score for the Health Board (3.58) is above the overall engagement index score for all of NHS Wales (3.65).

2 Executive summary

2.1 Introduction

The 2016 NHS Wales Staff Survey follows on from the 2013 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2013 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since 2013.

2.2 Methods of analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2016, compared to 2013
- The change in score since 2013
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol ⁺.

2.3 Staff engagement

The staff engagement scores are also compared between 2013 and 2016, with this broken down by the three themes making up this score – Intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on changes to the calculation and presentation of the engagement score can be found in section 5 of the report.

2.4 Key findings

The results of the 2016 staff survey in Hywel Dda Local Health Board show some positive improvements since the 2013 survey, some quite significant, however the Health Board is around average or slightly below the overall NHS Wales score in most scores.

Many scores about jobs and job satisfaction in Hywel Dda Local Health Board have seen improvements since 2013, with 73% of staff saying they are satisfied with their present job (up from 66% in 2013). There is one question which stands out as is the only one to show a decrease since the 2013 survey, which was 'The people I work with seek my opinions', which saw a very slight decline of just 1% decline, down to 77% from 78% in 2013.

Most scores about line managers and senior managers have improved since 2013, however the majority of these remain below the overall NHS Wales scores. For example, 58% of staff say that senior managers are committed to patient care (up from 40% in 2013). 67% of staff say that they know who senior managers are in their organisation; however, 25% say that communication between senior managers and staff is effective. 26% of staff think that senior managers will act on the results of this survey.

3 Survey background and methodology

3.1 Introduction

The Welsh Partnership Forum (WPF) is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

The staff survey is formally commissioned by the Cabinet Secretary for Health & Social Services and is overseen by the WPF.

Quality Health was commissioned to undertake the 2016 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in the spring of 2016. This follows a previous survey carried out in 2013.

The key aim of the project is:

To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

3.2 Methodology

There were some important changes to the methodology in this year's survey. Firstly, following the 2013 survey, it was agreed that this year's survey would be sent to a 50% sample of all eligible staff, instead of the full census as was the case in the 2013. Even though only half of staff were asked to respond to the survey, this still provides a statistically valid methodology which exceeds the sample sizes used in the NHS England Staff Survey. In case of any organisation having fewer than 1250 people in their sample, a full census of staff was used in order to ensure statistical validity. Using a 50% sample enabled there to be a focus on increasing the response rate to the survey – which exceeded that of the 2013 survey – and means obtaining more statistically robust data was possible.

The sampling was undertaken on a purely random basis and the contractor was provided with a full list of all eligible staff by each of the NHS Wales organisations, and the random sampling was then carried out by the contractor.

It was intended that the majority (80%) of the send out would be electronic (via email) and that the remainder (20%) be carried out on paper. This made it necessary for a thorough review of each of the organisations' staff lists and evaluation of how many staff had active email accounts. This process was carried out in the run up to the send out starting.

Following this detailed review, some adjustments to the ratio of online and paper recipients was necessary to accommodate the varying numbers of staff within each organisation who had active email accounts; as well as staff who were able to use email and have access to it as an everyday part of their role. The final ratio was 71% electronic, 29% paper.

Similarly there were some adjustments necessary to sample sizes following a review of the impact of a 50% sample, particularly on the smaller organisations. As a result of this, Project Board agreed that for

organisations where the sample amounted to less than 1250 individuals, then either a sample of 1250 was taken, or a full census of staff was used, depending on which was smaller. This was agreed to ensure that statistically robust data was gathered for all organisations, including the smallest, and followed national guidelines which applied to other similar surveys carried out across the UK.

3.3 The questionnaire

One of the key aims of this year's survey was to provide a comparison to the 2013 staff survey results and therefore to monitor progress made as well as to identify new areas for action. As a result of this, it was always an intention of the project that only minimal changes would be made to the questionnaire to ensure the maximum number of comparable questions.

Following feedback on the previous survey, there was some desire to shorten the questionnaire if at all possible, and so there were some questions which were identified as either being repetitive or not useful, which were removed.

The questionnaire was thoroughly reviewed by the Project Board and there were some amendments to some of questions agreed as follows:

- 30 questions remained unchanged
- 13 questions had very minor amendments – for example, a small change in wording to aid understanding of the question
- 4 questions which had multiple questions within them were shortened, so had some sub questions taken out
- 1 question was changed – and Project Board agreed this would not be comparable
- And there was 1 new question added

With the exception of 9 questions/sub questions the 2016 survey remains comparable with 2013.

3.4 Send out and timing of the survey

The Project Board agreed a send out timetable which aimed to maximise the fieldwork period in order that the highest response rate possible was achieved. In another change to the 2013 arrangements, it was agreed that sending participating staff at least one reminder would now take place. Therefore, a ten week fieldwork period was agreed as follows:

- First send out – 15 August 2016
- First reminder – 8 September 2016
- Final reminder – 29 September 2016
- Fieldwork closes – 27 October 2016

Reminders were only sent to those members of staff who had not yet responded to the survey.

Staff who received an electronic survey were contacted by email and then followed a link to the online survey which was accessed using a unique password. Staff were able to complete the survey in part, log out, and then re-login to complete the survey. Reminder emails were sent to all those who had not submitted a completed a survey.

Postal recipients received their surveys via the internal post of their respective organisations. Again, only those who had not returned a completed survey were sent a reminder. The first reminder was a standalone letter, with the second, final reminder containing another printed copy of the questionnaire.

4 Response rates

The overall response rate for the survey was 38%. A total of 45,406 questionnaires were sent out, with 17,308 completed questionnaires returned. The breakdown of returns by organisation is as follows:

4.1 Response Rate Table

Organisation	Send Out	Total Sent	Completed	Blank	Intelligible	Refused	Non Returned	Response
Betsi Cadwaladr University Local Health Board	All	8,211	3,252	10	107	4	4,838	40%
	Online	5,403	2,129	4	85	0	3,172	40%
	Paper	2,808	1,123	6	22	4	1,666	40%
Hywel Dda Local Health Board	All	4,535	1,550	5	48	1	2,931	35%
	Online	3,016	1,046	1	10	0	1,959	35%
	Paper	1,519	504	4	38	1	972	34%
Aberdare Bro Morgannwg University Local Health Board	All	7,877	2,710	6	4	3	5,154	34%
	Online	4,149	1,592	2	0	1	2,556	38%
	Paper	3,688	1,116	4	4	2	2,560	30%
Cardiff and Vale University Local Health Board	All	7,072	2,538	5	40	3	4,453	36%
	Online	3,452	1,208	1	14	0	2,251	40%
	Paper	3,620	1,330	4	26	3	2,292	32%
Cwm Taf Local Health Board	All	3,883	1,519	5	17	4	2,358	38%
	Online	3,067	1,229	3	13	0	1,835	40%
	Paper	916	290	2	4	4	616	32%
Aneurin Bevan Local Health Board	All	6,387	2,112	7	10	1	4,267	33%
	Online	4,440	1,539	6	0	1	2,894	35%
	Paper	1,947	573	1	10	0	1,373	29%
Powys Teaching Local Health Board	All	1,345	722	1	0	1	641	52%
	Online	1,120	596	1	0	0	523	53%
	Paper	225	126	0	0	1	118	47%
Velindre NHS Trust	All	3,066	1,614	1	20	0	1,451	53%
	Online	2,841	1,555	1	19	0	1,286	53%
	Paper	145	59	0	1	0	85	41%
Welsh Ambulance Service NHS Trust	All	1,548	525	1	1	0	1,019	34%
	Online	1,533	517	1	1	0	1,014	34%
	Paper	15	8	0	0	0	5	62%
Public Health Wales NHS Trust	All	1,273	749	1	1	0	523	59%
	Online	1,239	732	1	1	0	505	59%
	Paper	34	16	0	0	0	18	47%
Shared Services	All	1,250	717	1	3	0	529	57%
	Online	1,184	685	1	3	0	495	58%
	Paper	66	32	0	0	0	34	48%
NHS	All	507	322	0	3	0	182	64%
	Online	500	318	0	3	0	179	64%
	Paper	7	4	0	0	0	3	57%
All Wales	All	45,406	17,308	45	248	17	27,980	38%
	Online	30,477	12,345	21	156	2	17,952	41%
	Paper	14,929	4,963	24	92	15	9,933	33%

4.2 Response Rate Charts

Betsi Cadwaladr University Local Health Board	Paper	40%
	Online	40%
	All	40%
Hywel Dda Local Health Board	Paper	34%
	Online	35%
	All	35%
Aberdare Bro Morgannwg University Local Health Board	Paper	30%
	Online	36%
	All	34%
Cardiff and Vale University Local Health Board	Paper	32%
	Online	40%
	All	36%
Cwm Taf Local Health Board	Paper	32%
	Online	40%
	All	38%
Aneurin Bevan Local Health Board	Paper	29%
	Online	35%
	All	33%
Powys Teaching Local Health Board	Paper	47%
	Online	53%
	All	52%
Velindre NHS Trust	Paper	41%
	Online	53%
	All	53%
Welsh Ambulance Service NHS Trust	Paper	62%
	Online	34%
	All	34%
Public Health Wales NHS Trust	Paper	47%
	Online	59%
	All	59%
Shared Services	Paper	46%
	Online	55%
	All	57%
NHS	Paper	57%
	Online	64%
	All	64%
All Wales	Paper	33%
	Online	41%
	All	38%

5 Overall job satisfaction and engagement

The tables that follow present two methods of calculating staff engagement.

5.1 2013 Methodology

The first uses the same methodology as was used in 2013's reporting and has been applied to both 2013 and 2016 data. This method calculates a % measure for seven variables/questions. These variables are assigned to three themes and an average score is calculated for each of these. The overall employee engagement score is calculated as the mean average of the seven scores. In these calculations, both those who have responded to the specific question and those who have not are included in the denominator whilst the numerator is made up of those who provided either of the two most positive response options.

5.2 Why change the methodology?

Several concerns around the 2013 methodology had been raised. Firstly, it was felt that it could be misleading to include non-respondents in the denominator as these individuals had not provided an opinion on the question being asked. It was also felt that the distinction between the degrees on positivity expressed in the 5-point response scale was not being reflected. For instance, "Strongly agree" and "Agree" were both being treated as being equally positive whilst "Neither agree nor disagree", "Disagree" and "Strongly disagree" were all considered to be equally negative. It was also felt that composite scores should not be presented as a percentage as the value reported no longer represented a proportion of respondents once an average had been calculated. Finally, the methodology failed to take into account an individual's combination of responses when arriving at a composite score or whether an individual had answered a sufficient number of questions for their responses to contribute towards a composite score.

Having changed the methodology this year, this report will present the engagement score as a percentage and as a 5-point score, in order to make comparisons with the previous survey more meaningful. Going forward, the score will be presented as a 5-point scale only. This will bring it into line with the commonly used approach for reporting staff engagement.

5.3 2016 methodology

The first table shows uses a revised methodology presenting scale scores out of 5, with 5 being the most positive. Again, the methodology had been applied to both 2013 and 2016 data. The approach uses the same seven questions to arrive at the three theme level scores and calculate an overall engagement index score as follows:

Theme	Questions	Recoding (where appropriate)	Denominator/ base calculation	Numerator/score calculation
Intrinsic psychological engagement	I look forward to going to work	5-point scale response options coded as worst=1, best=5	Those who answered at least two of the three questions	The mean of the scores for each question (worst=1 best=5)
	I'm enthusiastic about my job			
Ability to contribute towards improvements at work	I am happy to go the extra mile at work when required			
	I am able to make improvements in my area of work	5-point scale response options coded as worst=1, best=5	Those who answered either/both of the questions	The mean of the scores for each question (worst=1 best=5)
Staff advocacy and recommendation	I am involved in deciding on the changes that affect my work/area/team/department			
	I would recommend my organisation as a place to work	5-point scale response options coded as worst=1, best=5	Those who answered either/both of the questions	The mean of the scores for each question (worst=1 best=5)

An average of the 3 theme level scores is then calculated to arrive at the overall engagement index score.

5.4 Summary of results

The engagement index scores for Hywel Dda LHB have improved since 2013 in all three themes making up the score. This is particularly the case in the 'Staff advocacy and recommendation' theme which has seen a 0.4 improvement. This theme includes the question on whether staff would recommend the organisation as a place to work; and whether staff feel proud to tell people they work for the organisation.

Hywel Dda LHB's engagement scores are above the overall NHS Wales score in all three of the themes, so the overall engagement index score for the Health Board (3.68) is above the overall engagement index score for all of NHS Wales (3.65).

5.5 Engagement Index Scores – Scale Score Method

Theme	Hywel Dda Local Health Board		NHS Wales	
	2013	2016	2013	2016
Intrinsic psychological engagement	3.63	3.96	3.80	3.91
Ability to contribute towards improvement at work	3.14	3.39	3.14	3.35
Staff advocacy and recommendation	3.31	3.71	3.37	3.68
OVERALL ENGAGEMENT INDEX SCORE:	3.43	3.68	3.43	3.65

5.6 Engagement Index Scores – Percent Method

Theme	Question	Hywel Dda Local Health Board		NHS Wales	
		2013	2016	2013	2016
Intrinsic psychological engagement	I look forward to going to work	52%	59%	49%	55%
	I'm enthusiastic about my job	61%	68%	60%	66%
	I am happy to go the extra mile at work when required	67%	91%	66%	89%
	THEME SCORE:	66%	72%	68%	70%
Ability to contribute towards improvement at work	I am able to make improvements in my area of work	54%	71%	54%	59%
	I am involved in deciding on the changes that affect my work/area/team/department	40%	44%	37%	44%
	THEME SCORE:	47%	52%	46%	62%
	THEME SCORE:	47%	52%	46%	62%
Staff advocacy and recommendation	I would recommend my organisation as a place to work	45%	58%	48%	57%
	I am proud to tell people I work for my organisation	47%	60%	51%	62%
	THEME SCORE:	46%	59%	49%	59%
	THEME SCORE:	46%	59%	49%	59%
OVERALL ENGAGEMENT INDEX SCORE:		60%	63%	58%	62%

6 Results by section

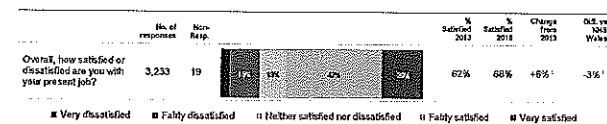
6.1 Reading the Charts

There are two types of charts used in the report to show results for evaluative questions. The notes below explain how to read each type of chart.

6.2 Rated Results

For each question displayed the number of responses upon which the percentages are based is shown in the first column. The second column shows the number of non-respondents for the question.

Each chart represents the range of responses to an evaluative question. Colour coding is applied to denote the degree of positivity associated with each response option ranging from dark red for the most negative to dark green for the most positive. The number of coloured segments is dependent on the number of evaluative responses for each question. Non-specific responses such as 'Not applicable' are excluded from the scoring and charting. An example of the chart is shown below:



Example of a Rated Results chart

The scores from both 2013 and 2016 are displayed in the columns to the right of the chart. For the majority of questions, a positive measure is taken. However, for a small number of questions, where the question is phrased negatively, a negative measure is taken. For example:

'I cannot meet all the conflicting demands on my time at work'.

These negative questions are highlighted with a red border and a shaded background.

The change from 2013 is displayed to the right of these scores. Changes over time which are statistically significant are annotated with an asterisk and colour coded either red or green dependent on the direction of movement.

Please note that there may be some changes from 2013 which display as either "+0%" or "-0%". These represent small positive or negative variances which round to 0% when no decimal places are displayed.

6.3 Variation Charts

These charts show how the overall NHS Wales 2016 score compares to the range of scores from all organisations.

The organisation's 2016 score is shown as a green bar. The grey bar shows the range of 2016 scores from all organisations, with the beginning of the grey bar being the lowest scoring organisation and the end of the grey bar being the highest scoring organisation. The vertical blue bar shows the overall NHS Wales score for 2016. An example of the chart is shown on the following page.

7 Your Job

Scores on overall job satisfaction are better than they were in 2013. 73% say they are satisfied with their present job (up from 66% in 2013); 59% say they look forward to going to work (up from 52%); and 70% say they are enthusiastic about their job (up from 63%). 91% of staff say they are happy to go the extra mile at work when required.

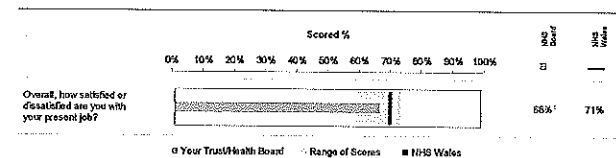
91% of staff say that they feel their role makes a difference to patients/service users. 68% say that they are able to deliver the standard of service they aspire to, up from 55% in 2013; and 79% are satisfied with the quality of care that they give.

Just over two-thirds of staff (68%) say that they have clear, planned goals and objectives for their job; and most (81%) say that they always know what their work responsibilities are.

As with the national results, scores around resourcing illustrate some clear challenges, however all of these scores have shown significant improvements since 2013. 56% say that they have adequate materials, supplies and equipment to do their work; 30% say that there are enough staff for them to do their job properly (up from 24% in 2013).

55% of staff say that they are satisfied with the recognition they get for good work; and 42% with the extent to which the organisation values their work. 66% of staff say that they are satisfied with the support they get from their immediate manager; and 65% with the support they get from their colleagues.

74% of staff say that the people they work with make them feel respected and valued. 94% of staff say that they are trusted to do their job. 78% of staff say that they feel they belong to a team.

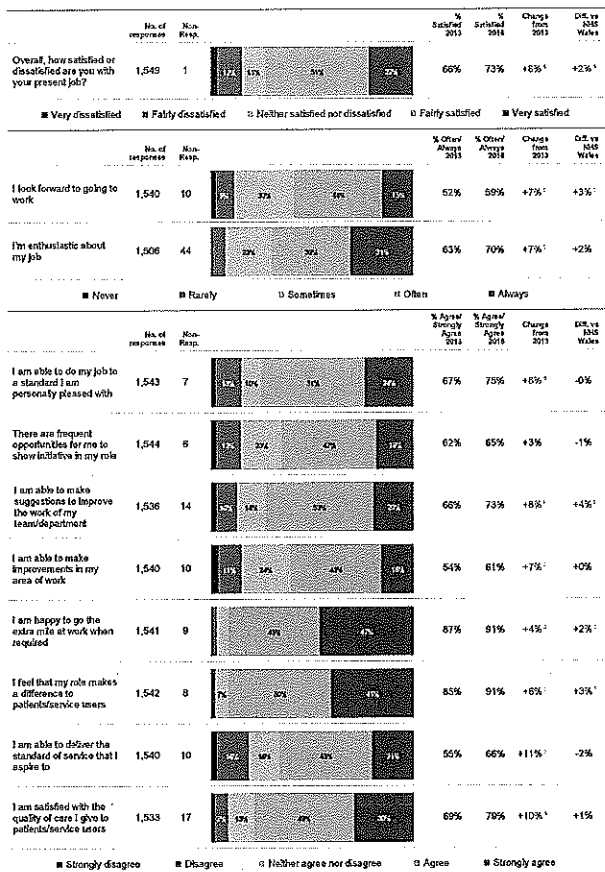


Example of a Variation Chart

As with the rated results charts, any questions where a negative measure is taken is highlighted with a red border and a shaded background.

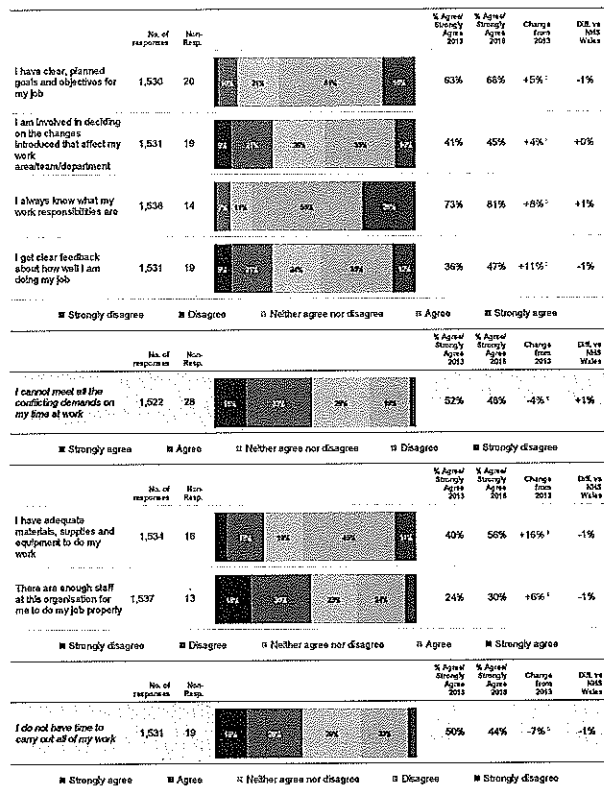
The 2016 overall NHS Wales score is shown to the right of the chart.

7.1 Your Job - Rated results



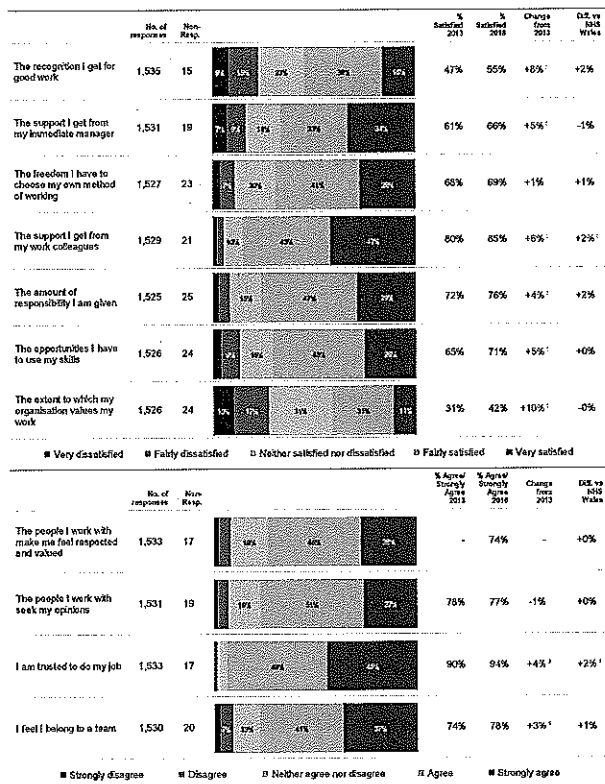
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7.1 Your Job - Rated results (continued)



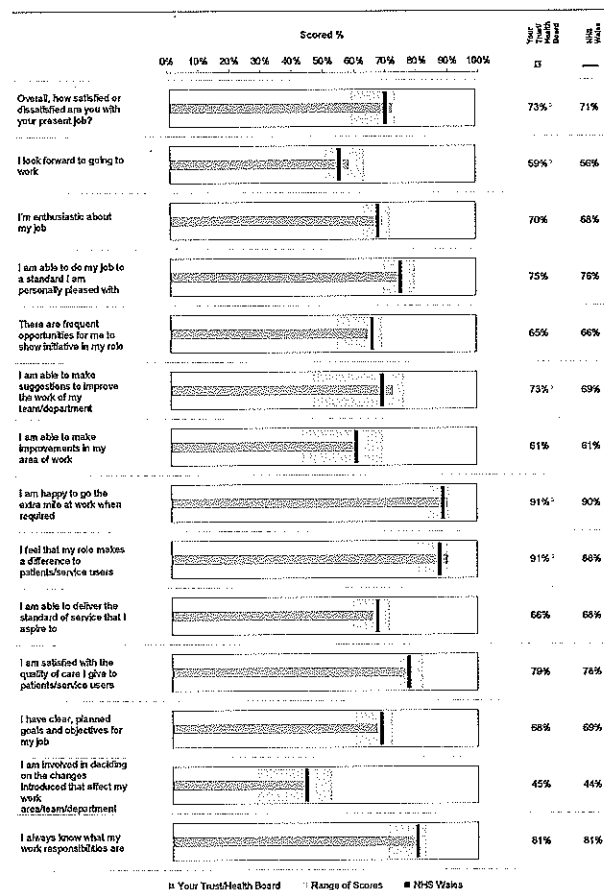
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7.1 Your Job - Rated results (continued)



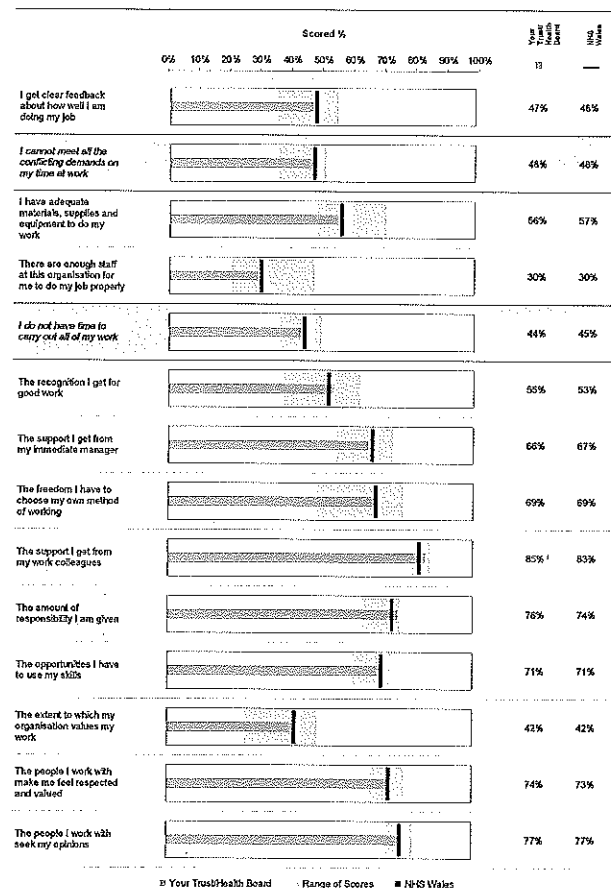
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7.2 Your Job - Variation Charts



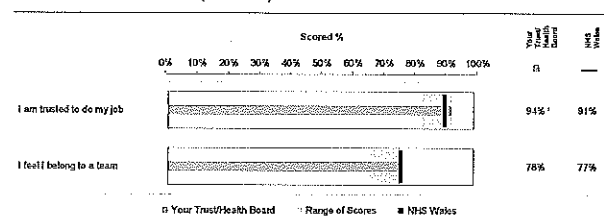
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7.2 Your Job – Variation Charts (continued)



21

7.2 Your Job – Variation Charts (continued)



22

8 Line managers and team working

76% of staff say that team members have a set of shared objectives; 58% say that team members often meet to discuss the team's effectiveness; and 78% say that team members have to communicate closely with each other to achieve the team's objectives.¹

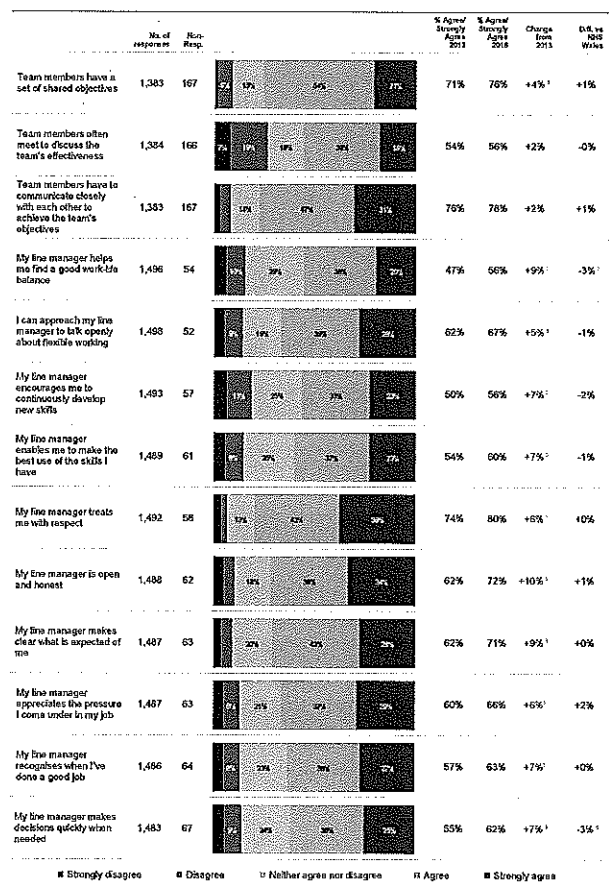
Scores about line managers have all improved since 2013. For example, 80% of staff say that their line manager treats them with respect (up from 76% in 2013); 72% say that their line manager is open and honest (up from 62%); and 71% say that their line manager makes clear what is expected of them (up from 62%).

57% of staff say that they know who senior managers are in their organisation which is significantly below the all Wales score (76%). And only 25% say that communication between senior managers and staff is effective, but this has improved since last time (17% in 2013).

56% of staff say that senior managers are committed to patient care (up from 40% in 2013); 39% say that senior managers have a clear vision of where the organisation is going (up from 30%), but this is 7% below the all Wales score of 46%; and 37% say that senior managers encourage a culture of openness and trust (up from 22%).

26% of staff say that senior managers will act on the results of this survey.

8.1 Line managers and team working - Rated Results

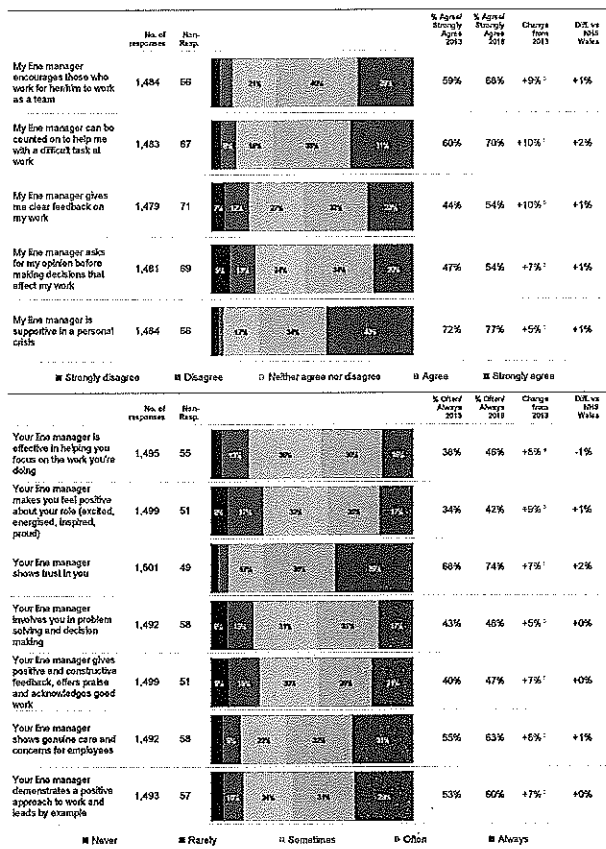


¹ These themes can be attributed to the 'Health Care Team Effectiveness Project'. The academic reference can be found at: <http://www.astonod.com/wp-content/uploads/2015/01/Team-Working-and-Effectiveness-in-Healthcare.pdf>

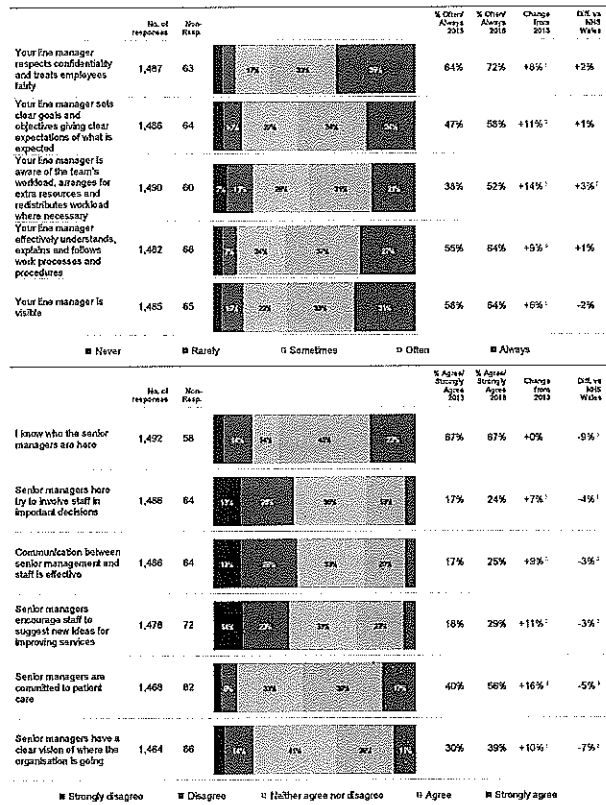
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8.1 Line managers and team working - Rated Results (continued)



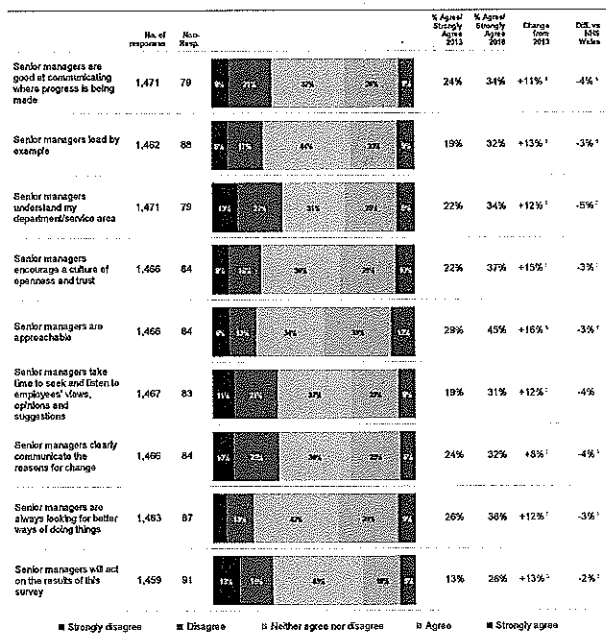
8.1 Line managers and team working - Rated Results (continued)



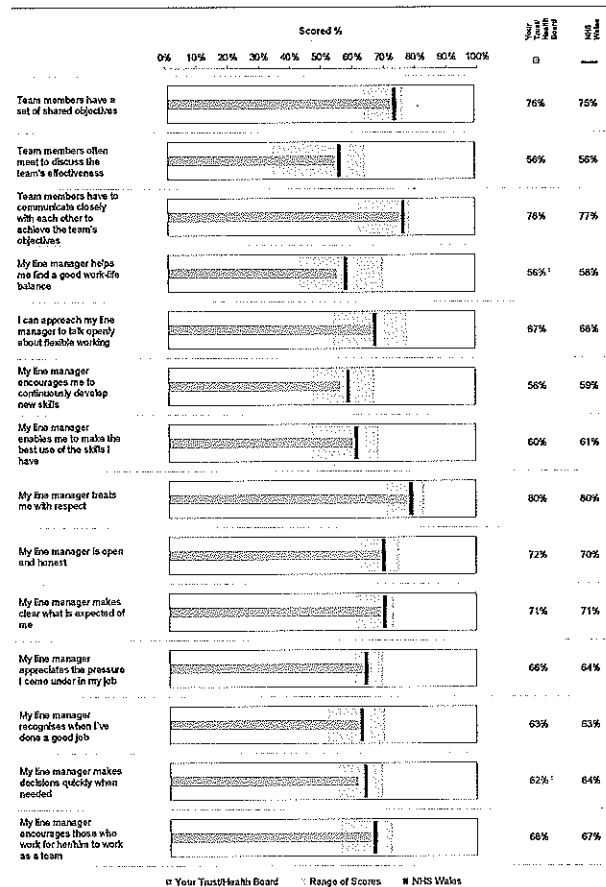
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8.1 Line managers and team working - Rated Results (continued)



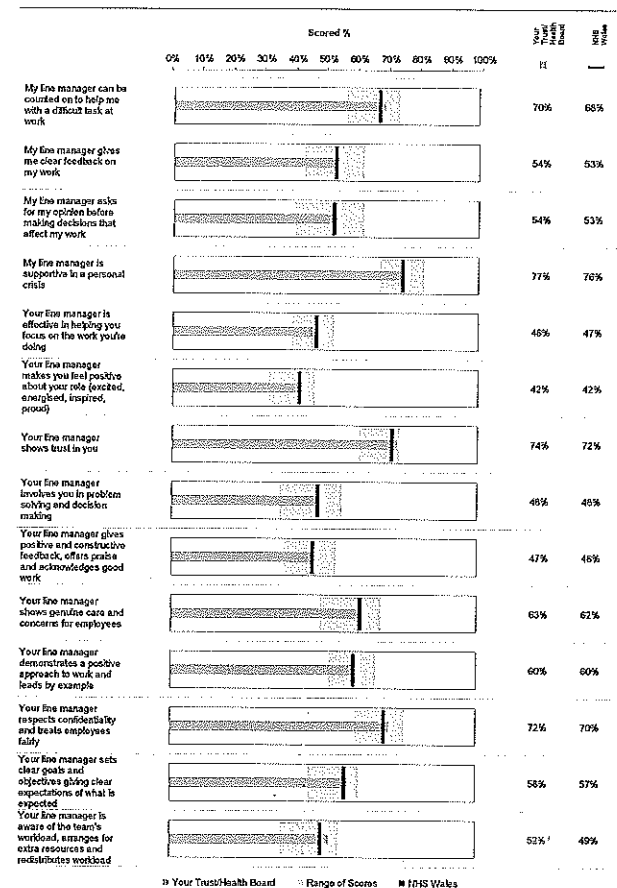
8.2 Line managers and team working - Variation Charts



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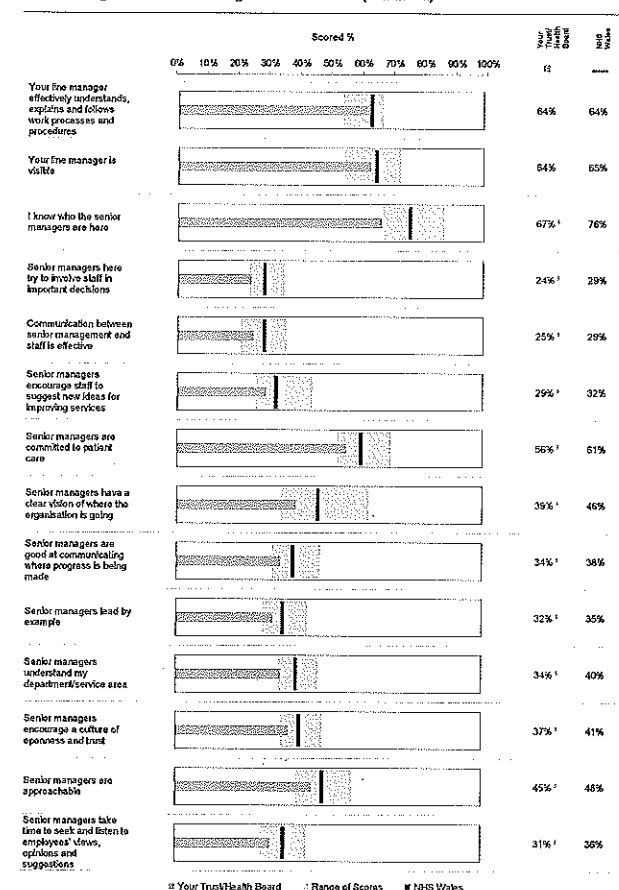
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8.2 Line managers and team working – Variation Charts (continued)



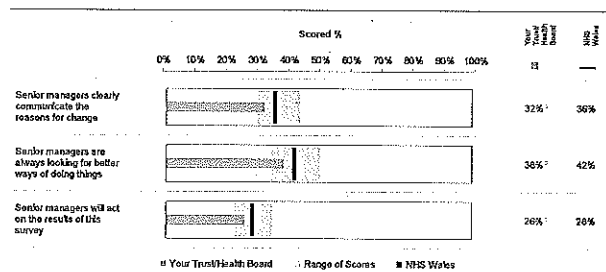
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8.2 Line managers and team working – Variation Charts (continued)



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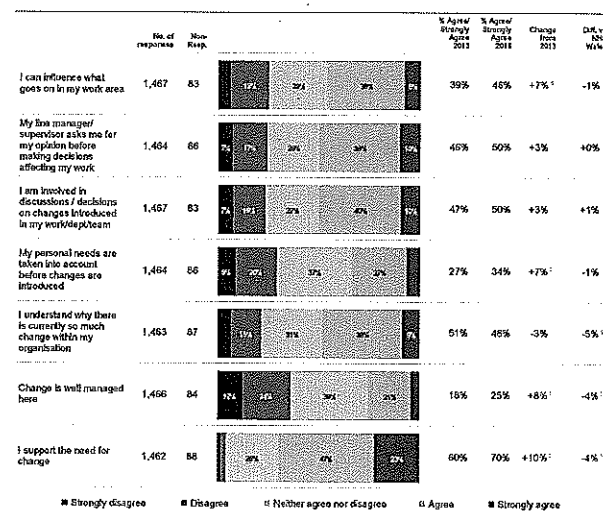
8.2 Line managers and team working – Variation Charts (continued)



9 Change in the Organisation

Most scores on staff's attitude to change in their organisation have improved since 2013, but the results still show some dissatisfaction and mostly all below the all Wales scores. Under half of staff (48%) say they understand why there is currently so much change; and 70% say they support the need for change; but only 25% say that change is well managed. 50% of staff say that their line manager/supervisor asks their opinion before making changes that affect their work; and 50% also say that they are involved in discussions/decisions on changes that are introduced.

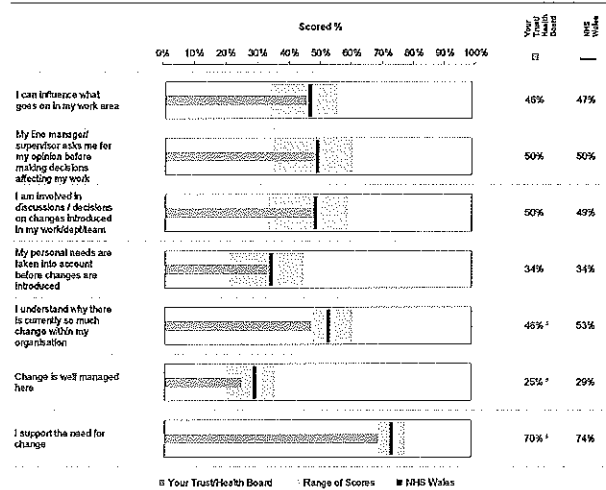
9.1 Change in the Organisation - Rated Results



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9.2 Change in the Organisation – Variation Charts

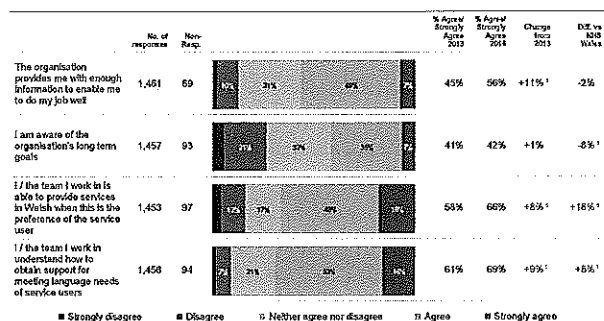


10 Communication

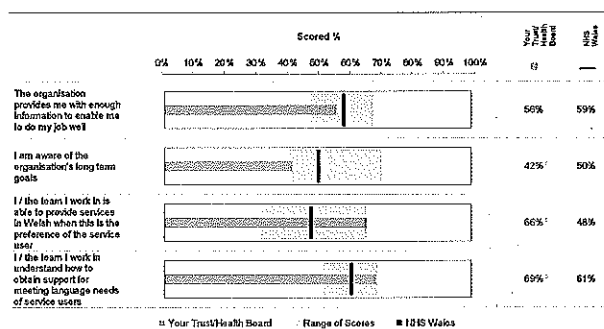
There have been significant improvements in all but one of the scores relating to communications since 2013 in Hywel Dda Local Health Board. For example, 56% of staff say that the organisation provides them with enough information to enable them to do their job well (up from 45% in 2013), and 42% say that they are aware of the organisation's long-term goals, this score however is still significantly below the all Wales score (50%).

66% of staff say that they are able to provide services in Welsh when this is the preference of the service user (up from 58% in 2013) and 69% say that the team they work in understands how to obtain support for meeting language needs of service users (up from 61% in 2013).

10.1 Communication - Rated Results



10.2 Communication – Variation Charts



11 Learning and Development

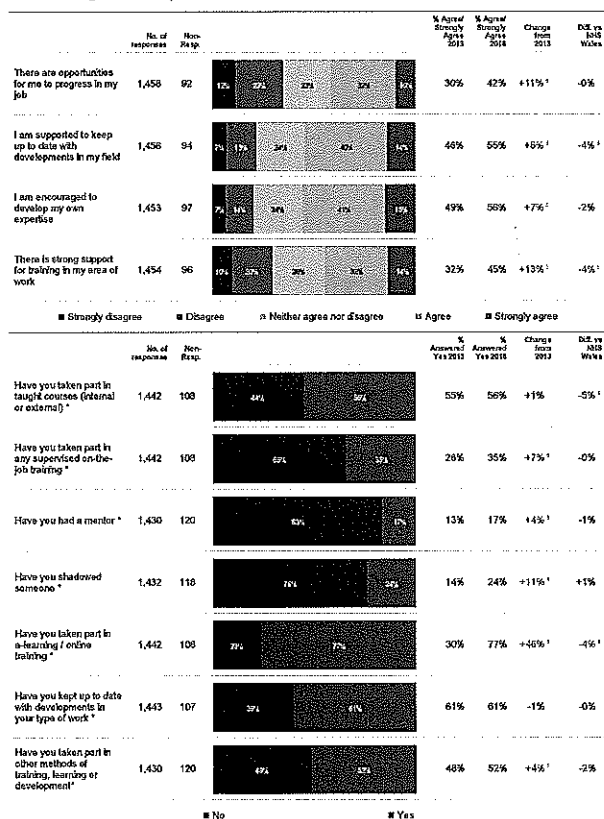
In 2016, the most common method for training, learning and development was by e-learning, 77% of staff said they participated in this method of learning in the past 12 months – a huge increase from just 30% in 2013).

The most common areas for training in Hywel Dda Local Health Board are the following: health and safety (89% of staff say they participated in this); infection prevention and control (74%) how to handle confidential information (72%) and safeguarding (71%). Where comparable, all of these have seen significant increases since 2013.

45% of staff say that there is strong support for training in their area of work; and only 33% say that there is sufficient time at work for them to complete their training.

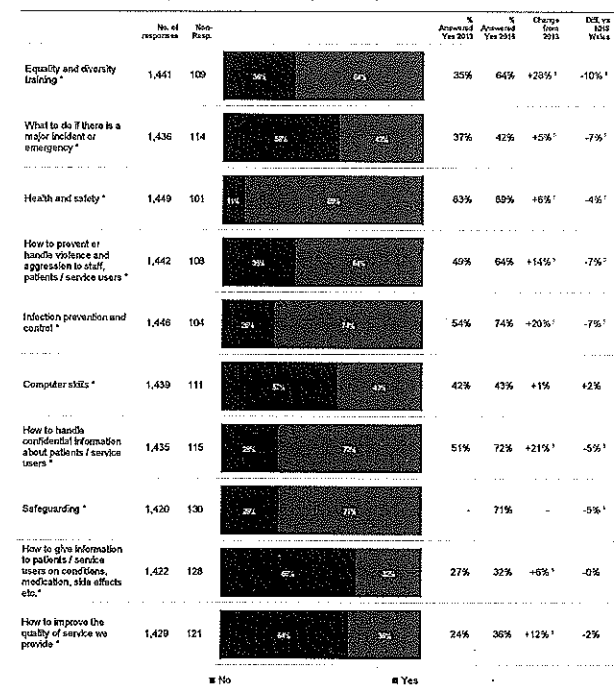
72% of staff say that they had a performance appraisal/review in the past 12 months (up significantly from 43% in 2013). 51% say this helped them to improve how they do their job; 76% say it helped them agree clear objectives; and 61% say it left them feeling valued by the organisation.

11.1 Learning and Development - Rated Results



* In the last 12 months, paid for or provided by your employer

11.1 Learning and Development - Rated Results (continued)

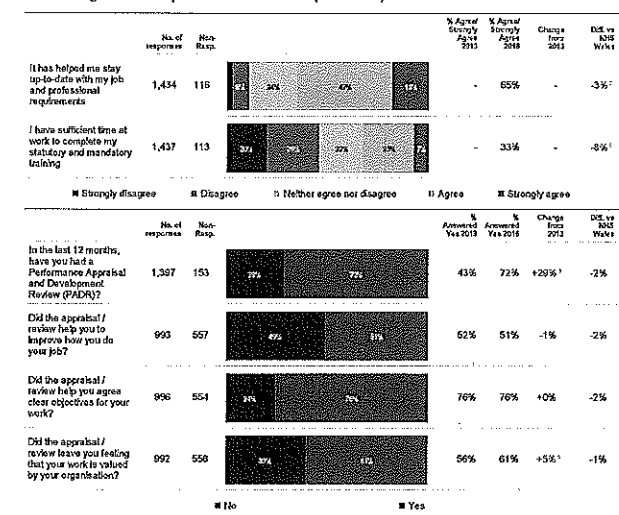


* Paid for or provided by your employer



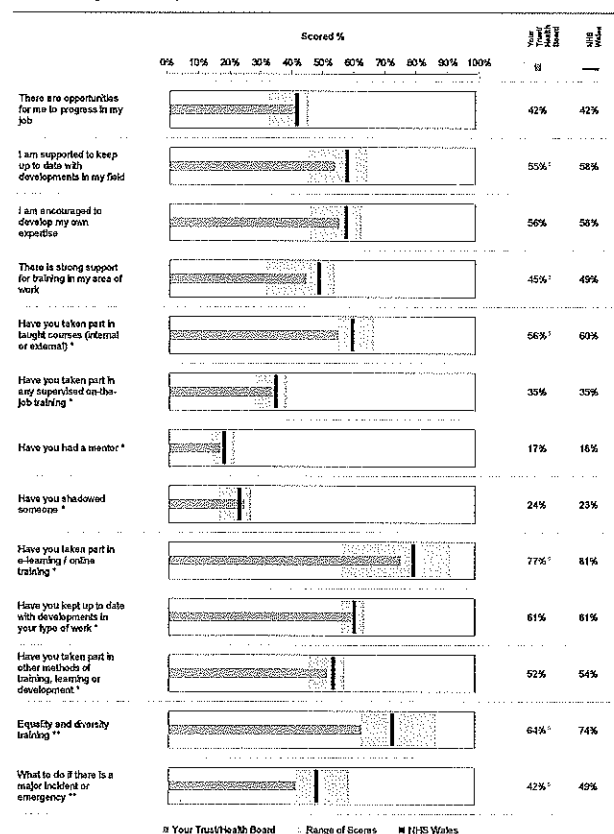
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11.1 Learning and Development - Rated Results (continued)



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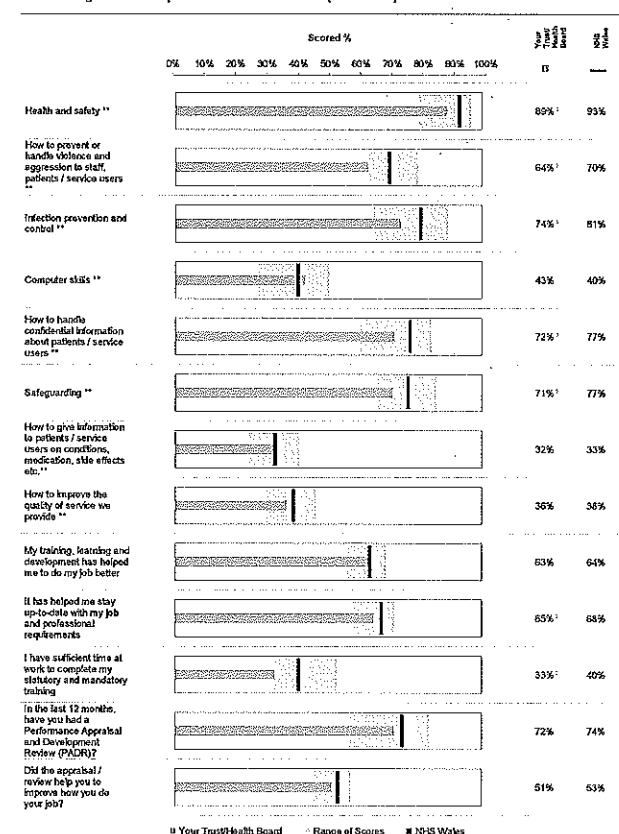
11.2 Learning and Development – Variation Charts



* In the last 12 months, paid for or provided by your employer ** Paid for or provided by your employer

39

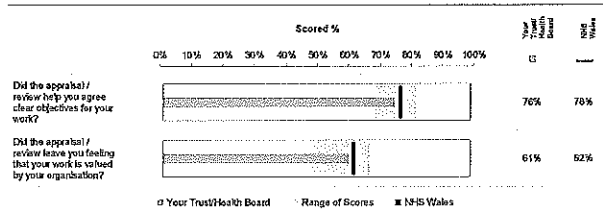
11.2 Learning and Development – Variation Charts (continued)



* In the last 12 months, paid for or provided by your employer ** Paid for or provided by your employer

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11.2 Learning and Development – Variation Charts (continued)



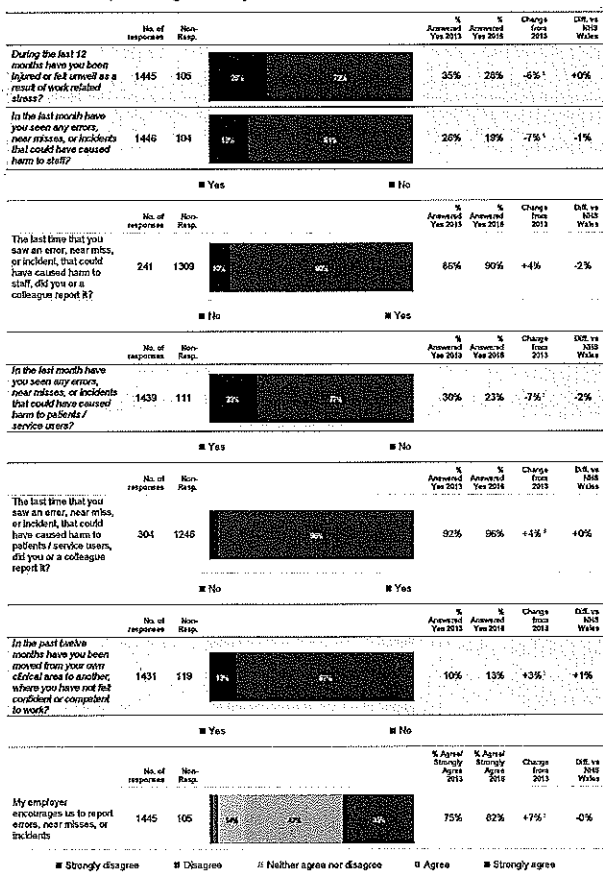
12 Your Health, Well-being and Safety at Work

19% of staff say that they have seen errors, near misses or incidents in the last month, that could have caused harm to staff (down from 26% in 2013); and 90% say that this was reported. 23% of staff say that they have seen errors, near misses or incidents in the last month, which could have caused harm to patients/service users; and 96% say that this was reported. 82% of staff say that their organisation encourages them to report errors, near misses and incidents; 63% say that their employer takes action to ensure that they don't happen again; and 47% say that they are given feedback about changes made as a result. Whilst many scores have all shown significant improvement since 2013, most of them remain below the overall NHS Wales score.

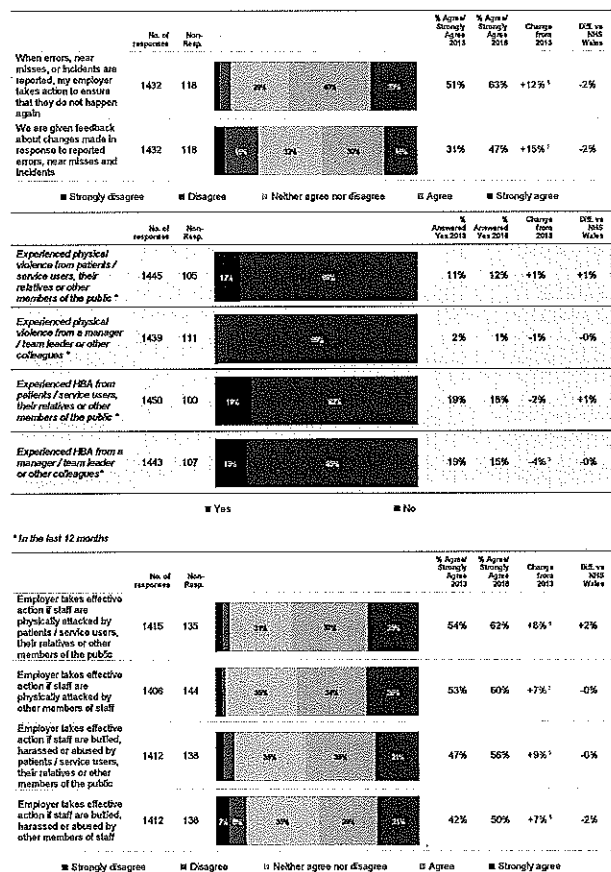
18% of staff say that they have experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public; and 15% from their manager/team leader or other colleagues. 56% say that their organisation takes effective action when this is from the public; and 50% from members of staff.

28% of staff say that they have been injured or felt unwell as a result of work-related stress. 57% of staff say that they have come to work in the past three months despite not feeling well enough. 26% of staff say that they have felt pressure from their manager to come to work; and 20% say that they have felt pressure from colleagues. These scores have all significantly improved since 2013.

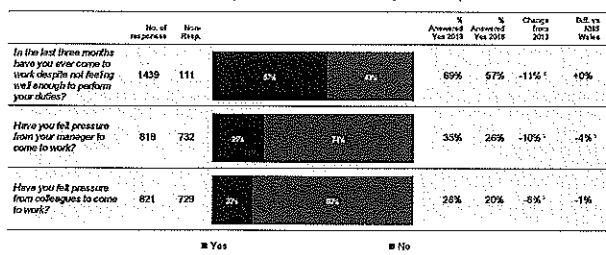
12.1 Your health, well-being and safety at work - Rated Results



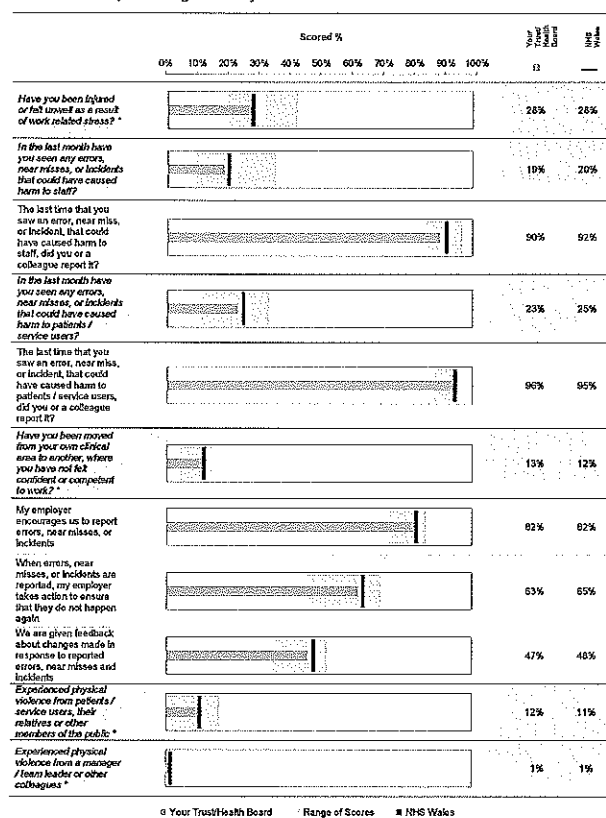
12.1 Your health, well-being and safety at work - Rated Results (continued)



12.1 Your health, well-being and safety at work - Rated Results (continued)

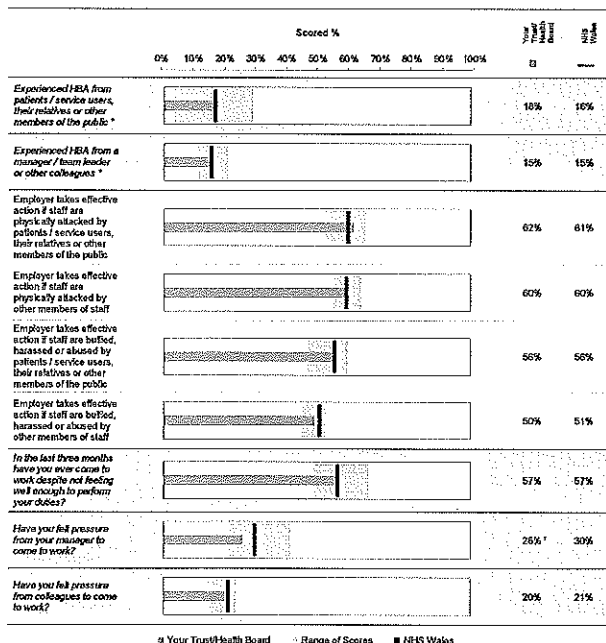


12.2 Your health, well-being and safety at work - Variation Charts



* In the last 12 months

12.2 Your health, well-being and safety at work - Variation Charts (continued)

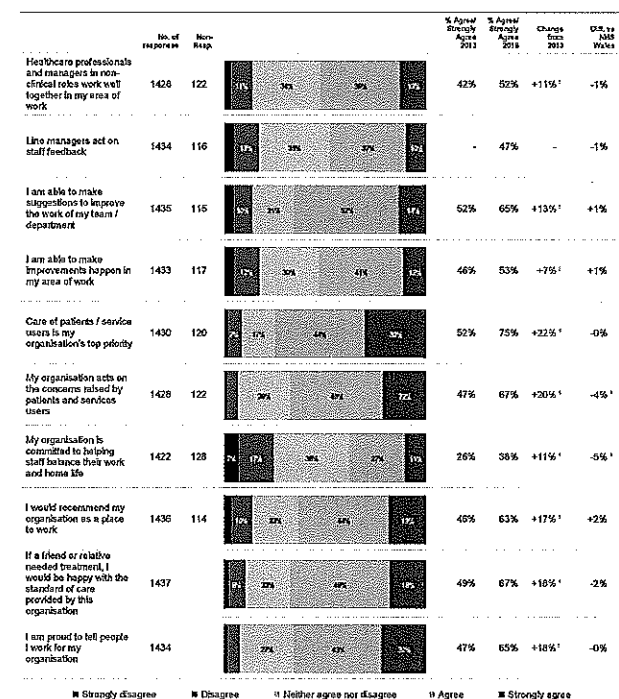


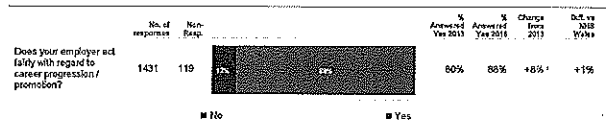
* In the last 12 months

13 Overall

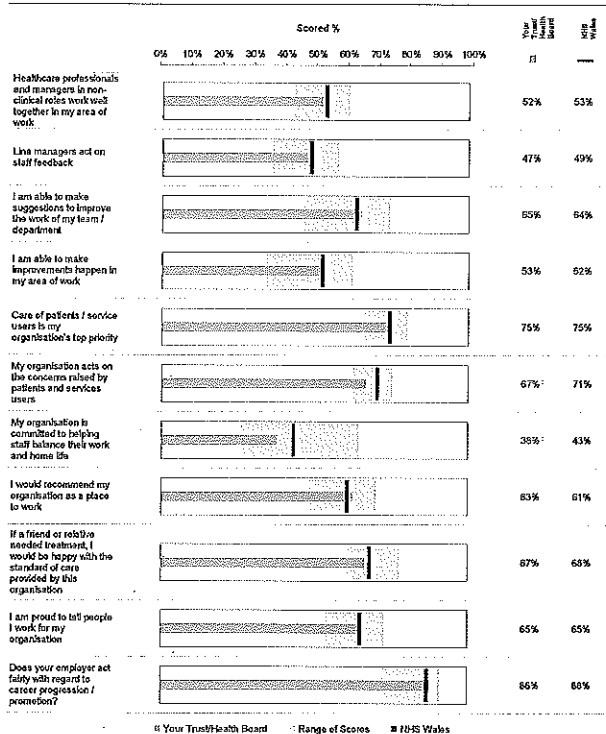
Just over half of staff (53%) say they are able to make improvements happen in their area of work, this is up from 46% in 2013 and is just above the overall NHS Wales score (52%). 75% of staff say that the care of patients/service users is their organisation's top priority, compared to 52% in 2013. 63% of staff say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 49% in 2013. 65% of staff say that they are proud to tell people they work for their organisation, this is higher than 2013 when it was 47%. All of these scores show significant improvements since 2013.

13.1 Overall - Rated Results

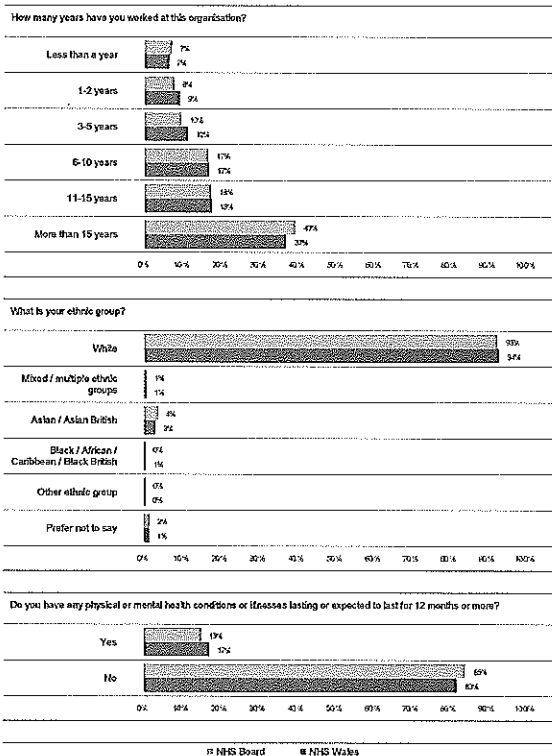
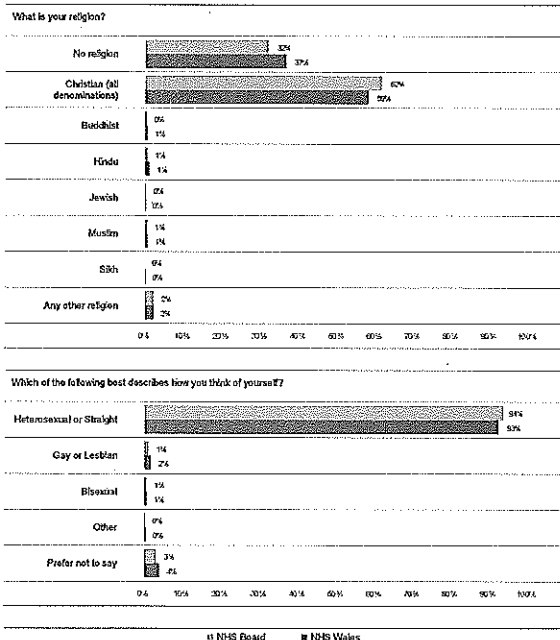
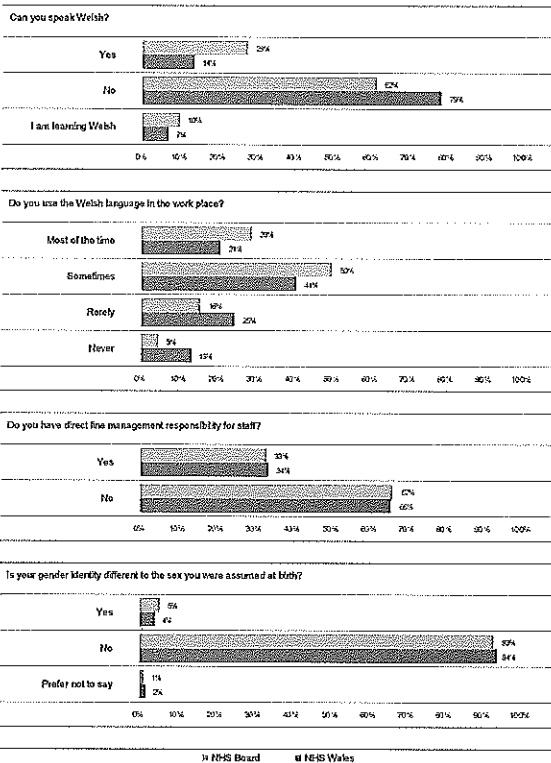


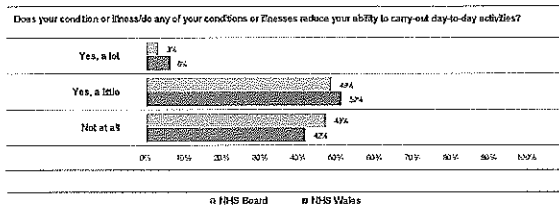


13.2 Overall – Variation Charts



14 Demographics





NHS Wales Staff Survey 2018

Hywel Dda Local Health Board

Final 1.0



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2

1 Foreword

1.1 Cabinet Secretary Foreword

The results of this year's survey show that the experience of NHS staff in Wales is increasingly positive in most areas, which is really encouraging. Scores for the majority of questions have improved, many significantly. The overall engagement index has increased from 3.65 to 3.82, this is great news and indicates that various approaches that have been put in place, in particular motivation and commitment, and employees' well-being and performance are improving in Wales.

More staff than ever before have responded to the 2018 NHS Wales staff survey, and I would like to thank the 25,000 of you who took the time to participate. The high number of participants has given us the most robust data on staff opinion we have ever had. Importantly, this indicates that it is becoming more normal within our systems to give and receive feedback at work.

We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place.

While the majority of scores have improved, I am concerned that this year's survey shows an increase in the number of respondents who have experienced bullying, harassment and abuse in the workplace. This is totally unacceptable. I will be asking the Welsh Partnership Forum to oversee an All Wales approach to understand these results, and importantly, to address them in line with our commitment to the wellbeing of the health and social care workforce in Wales as outlined in 'A Healthier Wales'.

1.2 Welsh Partnership Forum Joint Chairs' Foreword

As co-chairs of the Welsh Partnership Forum we see the national survey of health service staff across Wales as an essential measure of staff engagement, experience and service management. We have been proud to direct the design and delivery of the NHS Wales Staff Survey 2018 and are looking forward to presenting the results. These are the views of you, our staff and members, and what you have to say matters.

Since 2013 we have worked in partnership to design, deliver and co-produce the survey which has enabled Welsh Government, the NHS Wales Trade Unions and NHS Wales Management to ensure that your vital opinions are gathered. Importantly, this allows for us to commit to joint actions to be taken to ensure that the things that matter to you become tangible and positive drivers for change.

It is very encouraging that the overall results of the staff survey this year suggest a positive experience for the majority of you, with the engagement index having seen a further increase from the previous two surveys. It has been important to us that we kept many questions the same as in previous years to allow for comparisons to be made year on year. The responses reflect the experience of staff working across all areas of our Health Boards and Trusts, providing and supporting the care of citizens in Wales. We welcome the general positive shift in most of the questions when compared with 2013 and 2016 results.

Whilst this is very encouraging news we cannot be complacent and will be working together to ensure that the improvement continues in those areas that have seen a positive shift. In addition, some of the results clearly indicate key areas where there is more work to be done to improve the experience of working within NHS Wales. As co-chairs and therefore co-leaders of the Welsh Partnership Forum we are committed to ensuring that this work is prioritised and effectively undertaken. We expect the same level of commitment and determination from our Health Boards and NHS Trusts to work in partnership with local trades unions to determine actions that need to be progressed to respond to their local results. These actions will be embedded within local plans with rigorous monitoring of progress via local partnership arrangements. By working together at both national and local level we expect to see a continuation of the improvement in the next NHS Wales staff survey.

Dr Andrew Goodall
Director General of Health and
Social Services/Chief Executive
NHS Wales

Helen Whyley RN MA
Welsh Partnership Forum Trade
union group

Tracy Myhill
Chief Executive
Abertawe Bro Morgannwg
University Health Board

5

73% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (65%).

Team Working

All of the scores on team working are above the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have improved.

Line Managers

All scores on line managers have shown an improvement since 2016. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 10% and 11% respectively).

Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but are either equal to, or just below the NHS Wales average. The score on whether staff agree that communications between senior managers and staff is effective has increased by 8% (up from 25% to 32%), and is now equal to the NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 10% – and is also now equal to the NHS Wales average.

Executive Team

The executive team questions are new this year. Two of the three are below the NHS Wales average. 45% of staff say they know who the executive team are. Only 21% of staff say that they agree that the executive team will act on the results of this survey, which is 3% below the NHS Wales average.

Communication

All but two of the communication questions score above the NHS Wales average; and there have been some significant improvements in some scores this year for Hywel Dda. 62% of staff (up from 56% last time) say that the organisation provides them with enough information to do their job well. 73% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

Staff Wellbeing

Many scores on staff wellbeing have improved since 2016. However, there are still some areas for consideration. For example, 19% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 15% in 2016. Only around half of staff say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 32% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

Resources

All but one score in the resources section has improved. 48% of staff say that they can meet all of the conflicting demands on their time at work – up from 23% in 2016. 48% say that they have adequate supplies, materials and equipment to do their job, down from 56% in 2016.

Change in the Organisation

All scores on staff's attitude to change in their organisation have improved since 2016 and are mostly above the overall NHS Wales scores. 76% of staff say they support the need for change, but only 27% say that change is well managed and 36% say that senior managers clearly communicate the reasons for change.

Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and 48% (up from 45% in 2016) say there is still strong support for training in their area of work. 78% of staff say that they had a performance appraisal/review in the last 12 months, up from 72% in 2016.

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2 Executive Summary

2.1 Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

2.2 Methods of Analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 and 2016 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2018, compared to 2013 and 2016
- The change in score since 2016 (where a comparison is possible)
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

*This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol *.*

2.3 Staff engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

2.4 Key findings

The results of the 2018 staff survey in Hywel Dda Local Health Board continue to show positive improvements since the 2016 survey, and the Trust is above the overall NHS Wales scores on many questions. Many of the improvements this time round are significant, but there are some areas which have shown less positive movements in scores including around stress at work; harassment, bullying and abuse; and senior managers.

Values

Some scores the values in Hywel Dda Local Health Board are better than they were in 2016, but there are some scores which are below the average for NHS Wales. 79% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

72% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 67% of staff say that they would recommend their organisation as a place to work, compared to 63% in 2016 (1% above the overall NHS Wales score); and 71% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 67% in 2016.

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Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them respect has improved significantly since 2016 – up from 74% to 83%.

Other

There are three questions in this section. All three of them have seen significant improvements since the last survey, and they are all around the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 14% (up from 61% in 2016, to 75% this year).

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3 Survey background and methodology

3.1 Introduction

The Welsh Partnership Forum (WPF) is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the WPF.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

3.2 Methodology

There were some important changes to the methodology in this year's survey. Firstly, following the 2016 survey which was sent to a 50% sample of eligible staff, it was agreed that this year's survey would be sent to a full census – 100% – of all eligible staff.

Secondly, the log in process was changed this year. Previously, staff received an email which gave them a unique password. As each member of staff currently has a unique number which is assigned to them – their payroll number – the Project Board agreed that this would be used as the unique identifier for those completing the survey. This way, the survey could be more creatively promoted through social media links and through ESR. Staff could click on any of the links they saw, to access the survey, rather than solely relying on receiving an email from Quality Health.

Organisations were able to provide lists of staff who were required to receive a paper copy of the questionnaire, as well as paper reminders. The percentage of paper surveys produced this year was significantly down on the previous year. (The 2016 survey saw 71% electronic, 29% paper copies; while the 2018 survey saw 88% electronic, 12% paper).

3.3 The questionnaire

Following feedback on the previous survey, there was some desire to shorten the questionnaire this time around and to remove some of the questions which were repetitive or not useful.

The questionnaire was thoroughly reviewed by the Project Board and there were amendments to some of the questions agreed as follows:

- 77 questions and sub-questions remained unchanged
- 2 questions were amended but were agreed to be comparable

- There were 33 new questions or sub questions added

79 questions or sub questions from the 2016 survey remain comparable with 2016

3.4 Send out and timing of the survey

The Project Board agreed a send out timetable which aimed to maximise the fieldwork period in order that the highest response rate possible was achieved. In another change to the 2016 arrangements, the send out took place before the summer holiday period. Therefore, initially, a six week fieldwork period was agreed as follows:

- First send out – 11 June 2018
- First reminder – 25 June 2018
- Final reminder – 9 July 2018
- Fieldwork closes – 22 July 2018

Reminders were only sent to those members of staff who had not yet responded to the survey.

Staff who received an electronic survey were contacted by email and then followed a link to the online survey which was accessed using their payroll number as a unique identifier. Staff were able to complete the survey in part, log out, and then re-log in to complete the survey. Reminder emails were sent to all those who had not submitted a completed a survey. Through the fieldwork period, staff could also access the survey through the link being promoted on social media and on ESR.

Postal recipients received their surveys via the internal post of their respective organisations. Again, only those who had not returned a completed survey were sent a reminder. The first reminder was a standalone letter, with the second, final reminder containing another printed copy of the questionnaire, some organisations chose not to send the second paper reminder due to the logistics of posting the surveys to home addresses in a timely manner.

The Project Board closely monitored the response rates in each organisation as the fieldwork period passed. Following the Project Board meeting on the 17 July 2018, it was agreed that the fieldwork period would be extended by a further two weeks and brought the length of the fieldwork to eight weeks. The 2016 survey was open for a total of 10 weeks. The Board agreed that further time would allow for a greater number of responses to be collected, and would result in ultimately more robust data.

The additional fieldwork therefore looked like this:

- Additional electronic reminder sent – 23 July 2018
- Final electronic reminder sent – 1 August 2018
- Fieldwork closes – 5 August 2018

4 Response Rates

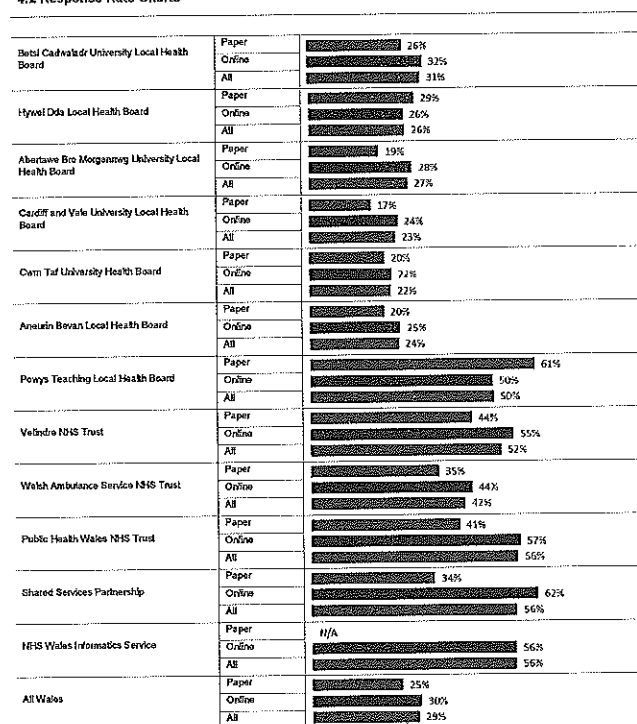
25,521 staff completed and returned the questionnaire, a response rate overall of 29%. This makes the 2018 survey the biggest collection of opinion of the NHS workforce in Wales that has ever been gathered. The last full census survey in 2013 had a 27% response rate; there was a 38% response rate from the fifty percent sample in 2016.

From a statistical viewpoint, the dataset is extremely robust with these high numbers (as a comparison, the equivalent survey in England requires only 1,250 staff in most organisations to be surveyed, with a response rate of around 50%). It will allow a much more detailed breakdown of data within individual organisations than in 2016: the actual number of respondents has increased by approximately 50%.

4.1 Response Rate Table

Organisation	Send Out	Total Sent	Completed	Blank	Inteligible	Refused	Non Returned	Response
Betsi Cadwaladr University Local Health Board	All	17,730	5,276	11	561	14	11,849	31%
	Online	15,325	4,699	7	411	14	10,194	32%
	Paper	2,405	577	4	170	0	1,654	26%
Hywel Dda Local Health Board	All	8,484	2,401	9	330	0	6,154	28%
	Online	8,044	2,340	6	136	0	5,662	29%
	Paper	1,440	351	3	184	0	882	24%
Aberdare Bro Morgannwg University Local Health Board	All	15,966	4,086	6	793	0	11,079	27%
	Online	13,665	3,706	8	485	0	9,466	28%
	Paper	2,301	380	0	308	0	1,613	19%
Cardiff and Vale University Local Health Board	All	14,462	3,382	4	43	1	11,032	23%
	Online	13,078	3,154	4	0	1	9,919	24%
	Paper	1,404	228	0	43	0	1,133	17%
Cwm Taf University Health Board	All	8,208	1,747	5	360	0	6,096	22%
	Online	7,649	1,644	4	305	0	5,696	22%
	Paper	559	103	1	55	0	400	20%
Aneurin Bevan Local Health Board	All	13,057	3,165	8	2	0	9,882	24%
	Online	11,877	2,926	8	2	0	8,941	25%
	Paper	1,180	239	0	0	0	941	20%
Powys Teaching Local Health Board	All	2,123	1,019	3	67	0	1,024	50%
	Online	2,018	996	3	44	0	1,003	50%
	Paper	77	33	0	23	0	21	61%
Velindre NHS Trust	All	1,369	696	2	24	0	645	52%
	Online	957	521	1	15	0	430	55%
	Paper	412	177	1	9	0	225	44%
Welsh Ambulance Service NHS Trust	All	3,277	1,335	4	97	0	1,841	42%
	Online	2,524	1,045	2	31	0	1,356	44%
	Paper	753	290	2	66	0	445	35%
Public Health Wales NHS Trust	All	1,738	961	3	26	0	746	56%
	Online	1,662	931	3	26	0	702	57%
	Paper	76	30	0	2	0	44	41%
Shared Services Partnership	All	2,075	1,099	2	115	0	859	56%
	Online	1,859	965	0	93	0	600	62%
	Paper	416	133	2	22	0	259	34%
NHS Wales Informatics Service	All	616	342	1	1	0	272	56%
	Online	616	342	1	1	0	272	56%
	Paper	0	0	0	0	0	0	N/A
All Wales	All	90,125	25,521	60	2,431	15	62,098	29%
	Online	79,102	23,020	47	1,549	15	54,471	30%
	Paper	11,023	2,501	13	882	0	7,607	25%

4.2 Response Rate Charts



5 Overall job satisfaction and engagement

5.1 Methodology

The table below details the methodology used for presenting scale scores out of 5, with 5 being the most positive for the staff engagement index. This uses the same seven questions to arrive at the three theme level scores and calculate an overall engagement index score as follows:

Theme	Questions	Recoding (where appropriate)	Denominator base calculation	Numerator score calculation
Intrinsic psychological engagement	I look forward to going to work	5-point scale response options coded as worst=1, best=5	Those who answered at least two of the five questions	The mean of the scores for each question (worst=1 best=5)
	I'm enthusiastic about my job I am happy to go the extra mile at work when required			
Ability to contribute towards improvements at work	I am able to make improvements in my area of work	5-point scale response options coded as worst=1, best=5	Those who answered either both of the questions	The mean of the scores for each question (worst=1 best=5)
	I am involved in deciding on the changes that affect my work/team/department			
Staff advocacy and recommendation	I would recommend my organisation as a place to work	5-point scale response options coded as worst=1, best=5	Those who answered either both of the questions	The mean of the scores for each question (worst=1 best=5)
	I am proud to tell people I work for my organisation			

An average of the 3 theme level scores is then calculated to arrive at the overall engagement index score.

5.2 Engagement Index Summary

The engagement index scores for Hywel Dda Local Health Board have improved since 2016 in all three themes making up the score. This is particularly the case in the 'ability to contribute towards improvements at work' theme which has seen a 0.3 improvement.

Hywel Dda Local Health Board's engagement scores are above the overall NHS Wales score in all three of the themes, so the overall engagement index score is 3.85 (up from 3.68) and is above the overall engagement index score for NHS Wales (3.82).

Theme	Hywel Dda Local Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.07	3.96	3.83	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.68	3.38	3.14	3.65	3.35	3.14
Staff advocacy and recommendation	3.80	3.71	3.31	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	3.85	3.69	3.43	3.82	3.65	3.43

6 Results by section

6.1 Reading the Charts

There are two types of charts used in the report to show results for evaluative questions. The notes below explain how to read each type of chart.

6.2 Rated Results

For each question displayed the number of responses upon which the percentages are based is displayed in the first column. The second column shows the number of non-respondents for the question.

Each chart represents the range of responses to an evaluative question. Colour coding is applied to denote the degree of positivity associated with each response option ranging from dark red for the most negative to dark green for the most positive. The number of coloured segments is dependent on the number of evaluative responses for each question. Non-specific responses such as 'Not applicable' are excluded from the scoring and charting.

The scores from both 2013 and 2016 are displayed underneath the scores for 2018. The scores for 2018 have been highlighted in grey. For all questions, a positive measure is taken. However, for a small number of questions, where the question is phrased negatively, a positive response is not the preferred response. For example:

"Have you felt pressure from your manager to come to work?".

These negative questions are highlighted with a shaded background.

The change from 2018 to 2016 and 2016 to 2013 is displayed to the right of these scores. Changes over time which are statistically significant are annotated with an "S" and colour coded either red or green dependent on the direction of movement.

Please note that there may be some changes from 2016 and 2013 which display as either "+0%" or "-0%". These represent small positive or negative variances which round to 0% when no decimal places are displayed.

6.3 Variation Charts

These charts show how the overall NHS Wales 2018 score compares to the range of scores from all organisations.

The grey bar shows the range of 2018 scores from all organisations, with the beginning of the grey bar being the lowest scoring organisation and the end of the grey bar being the highest scoring organisation. The vertical blue bar shows the overall NHS Wales score for 2018.

As with the rated results charts, any questions where a negative measure is taken is highlighted with a red border and a shaded background.

The 2018 overall NHS Wales score is shown to the right of the chart.

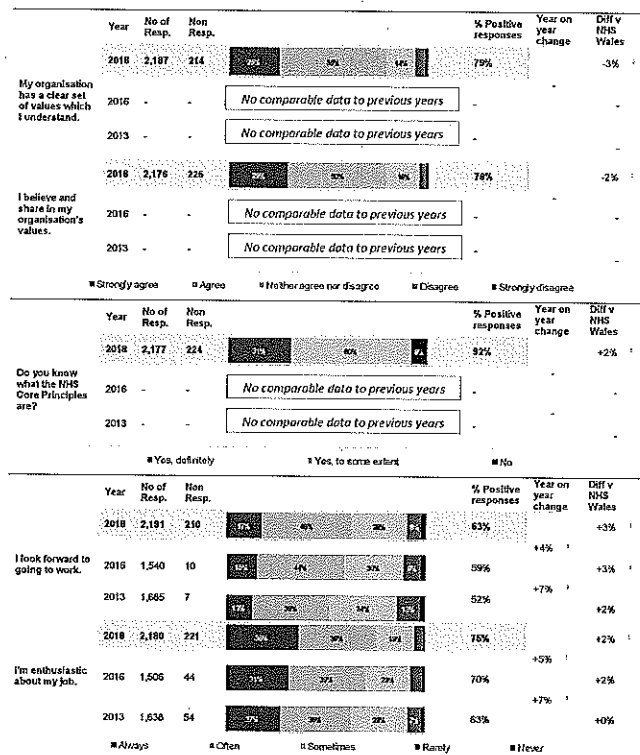
7 Values

Some scores for values in Hywel Dda Local Health Board are better than they were in 2016, but there are some scores which are below the average for NHS Wales. 79% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

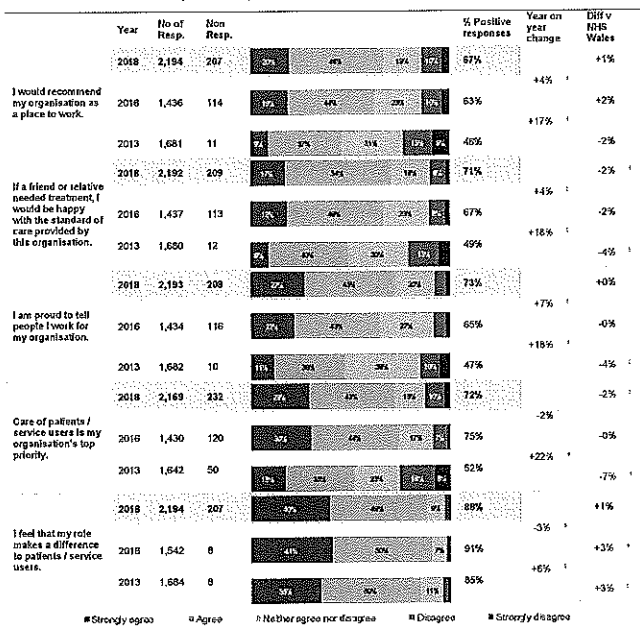
72% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 67% of staff say that they would recommend their organisation as a place to work, compared to 63% in 2016 (1% above the overall NHS Wales score); and 71% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 67% in 2016.

73% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (65%).

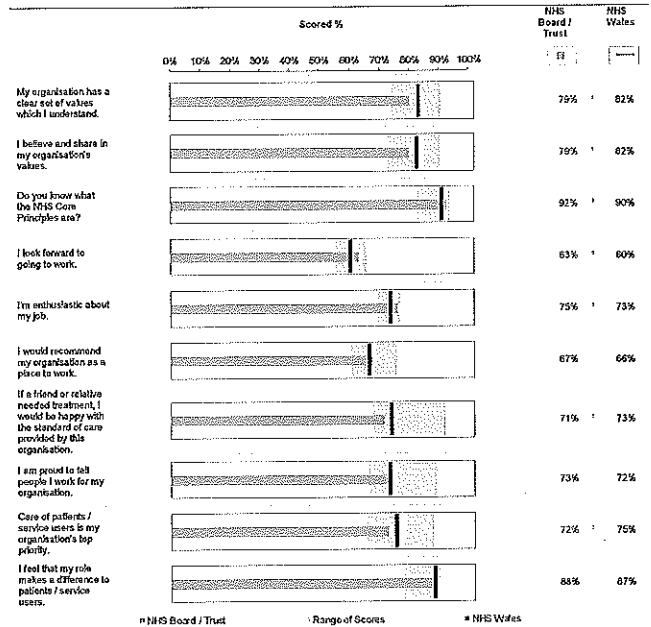
7.1 Values - Rated Results



7.1 Values - Rated Results (continued)



7.2 Values - Variation Charts



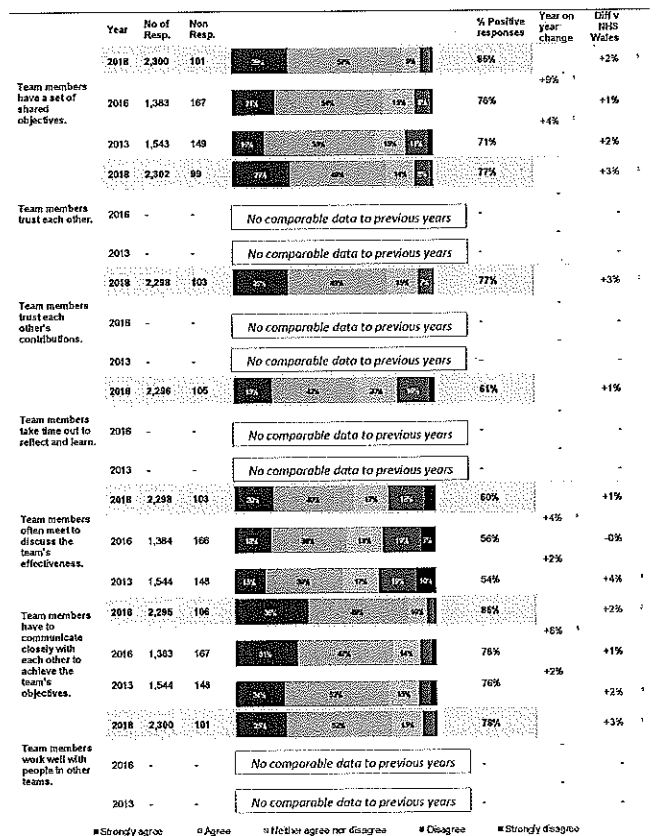
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8 Team Working

All of the scores on team working are above the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have improved.

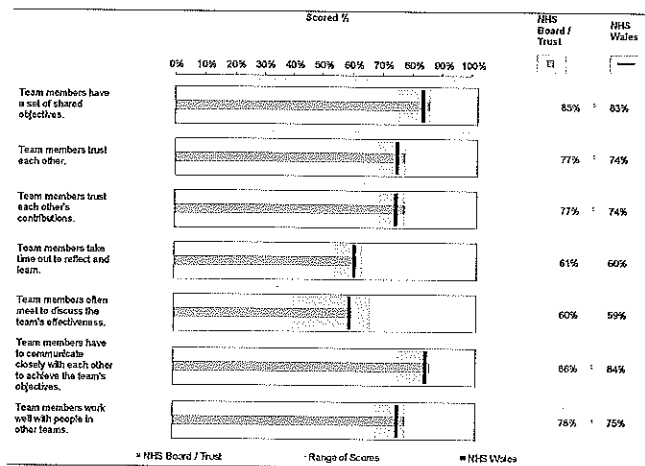
8.1 Team Working - Rated Results



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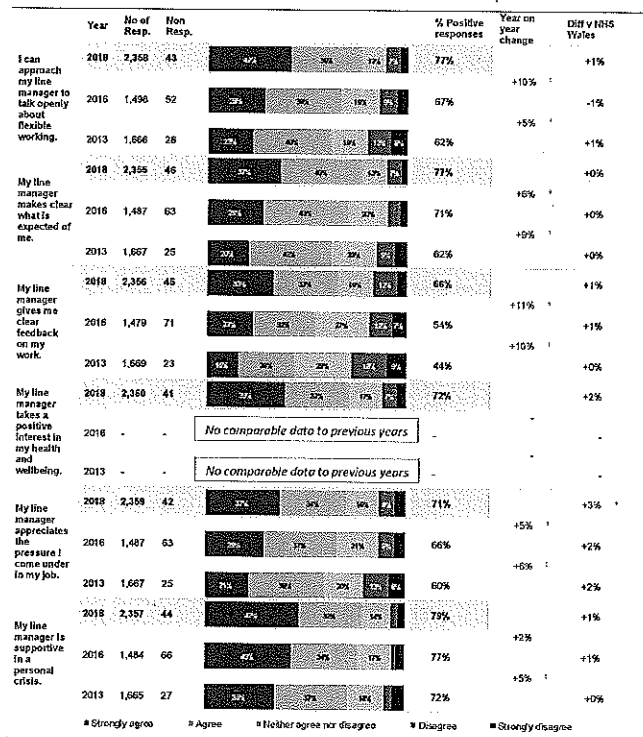
8.2 Team Working - Variation Charts



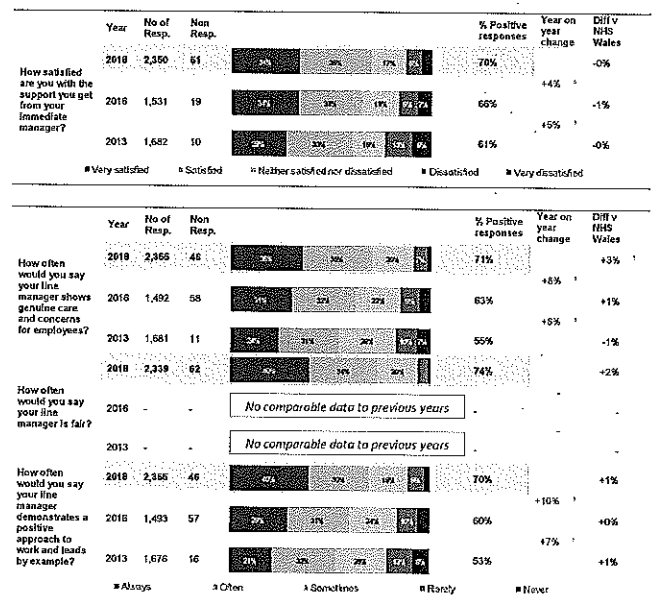
9 Line Managers

All scores on line managers have shown an improvement since 2016. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 10% and 11% respectively).

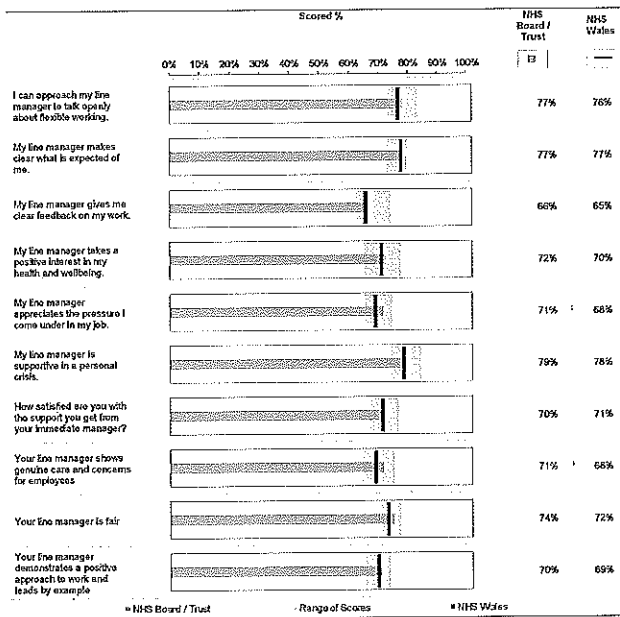
9.1 Line Managers - Rated Results



9.1 Line Managers - Rated Results (continued)



9.2 Line Managers - Variation Charts



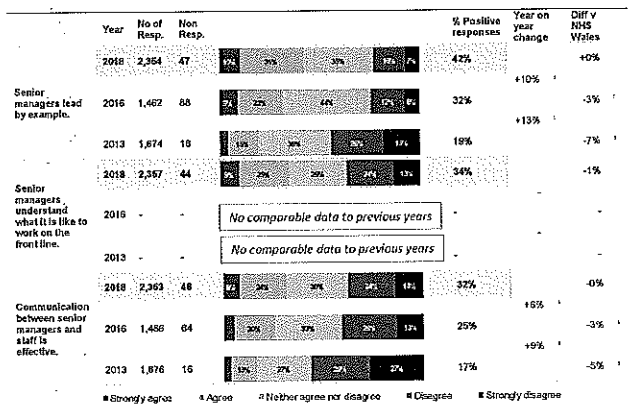
10 Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but are either equal to, or just below the NHS Wales average. The score on whether staff agree that communications between senior managers and staff is effective has increased by 6% (up from 25% to 32%), and is now equal to the NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 10% – and is also now equal to the NHS Wales average.

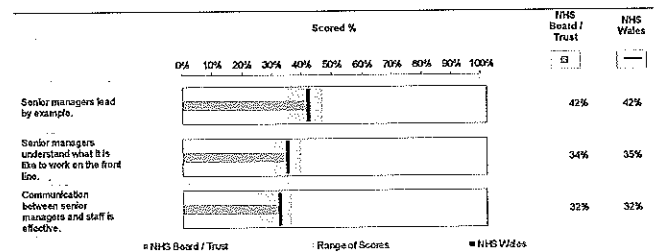
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10.1 Senior Managers - Rated Results



10.2 Senior Managers - Variation Charts



27

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11 Executive Team

The executive team questions are new this year. Two of the three are below the NHS Wales average, 45% of staff say they know who the executive team are. Only 21% of staff say that they agree that the executive team will act on the results of this survey, which is 3% below the NHS Wales average.

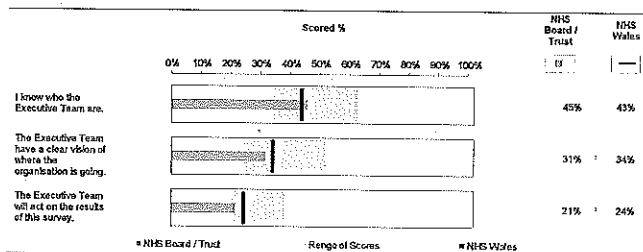
11.1 Executive Team - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales	
I know who the Executive Team are.	2018	2,324	77		48%	-	+2%	
	2016	-	-	No comparable data to previous years		-	-	
	2013	-	-	No comparable data to previous years		-	-	
The Executive Team have a clear vision of where the organisation is going	2018	2,310	83		31%	-	-2%	
	2016	-	-	No comparable data to previous years		-	-	
	2013	-	-	No comparable data to previous years		-	-	
The Executive Team will act on the results of this survey.	2018	2,310	83		21%	-	-3%	
	2016	-	-	No comparable data to previous years		-	-	
	2013	-	-	No comparable data to previous years		-	-	
				■ Strongly agree	■ Agree	■ Neither agree nor disagree	■ Disagree	■ Strongly disagree

29

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11.2 Executive Team - Variation Charts



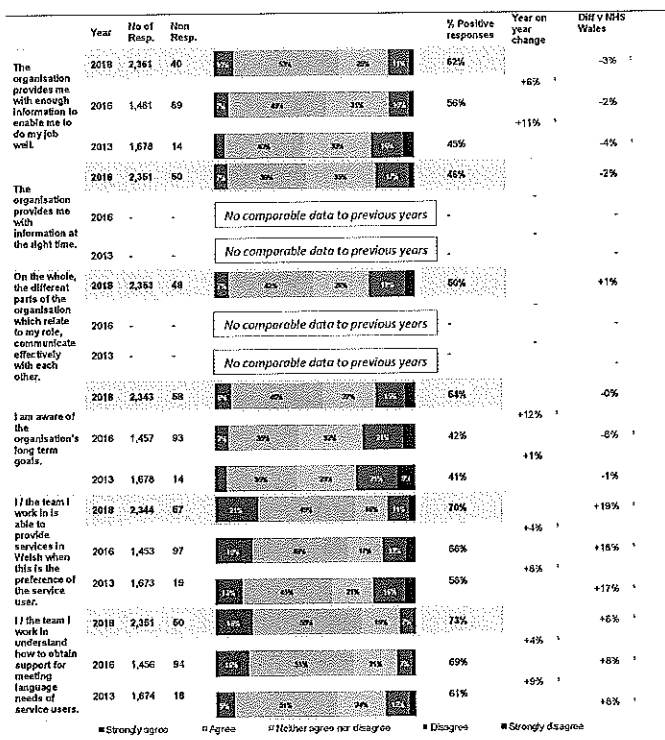
31

12 Communication

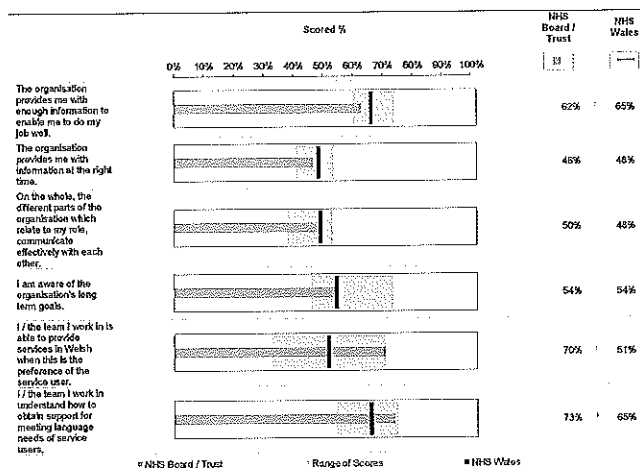
All but two of the communication questions score above the NHS Wales average; and there have been some significant improvements in some scores this year for Hywel Dda. 82% of staff (up from 56% last time) say that the organisation provides them with enough information to do their job well, 73% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

32

12.1 Communication - Rated Results



12.2 Communication - Variation Charts



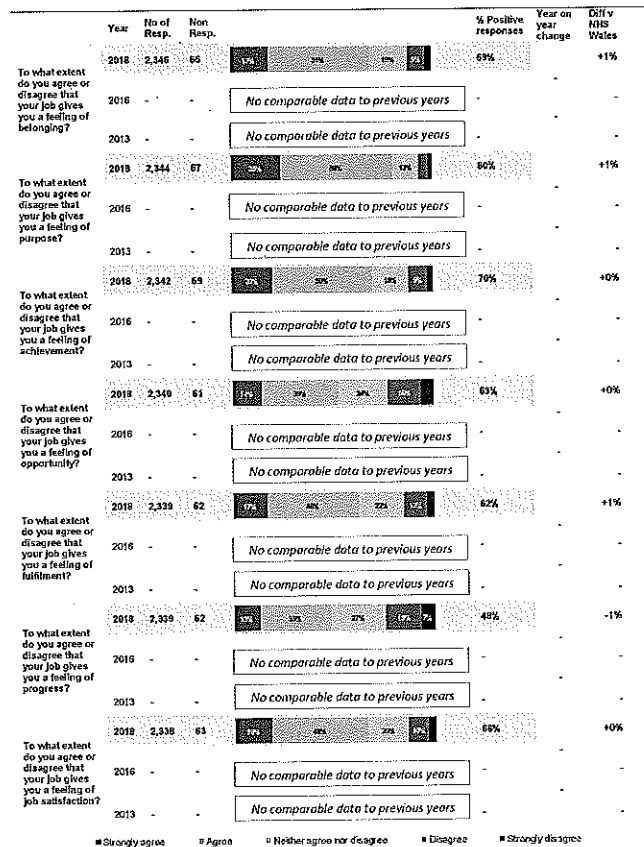
33

34

13 Staff Wellbeing

Many scores on staff well-being have improved since 2016. However, there are still some areas for consideration. For example, 19% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 15% in 2016. Only around half of staff say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened; 32% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

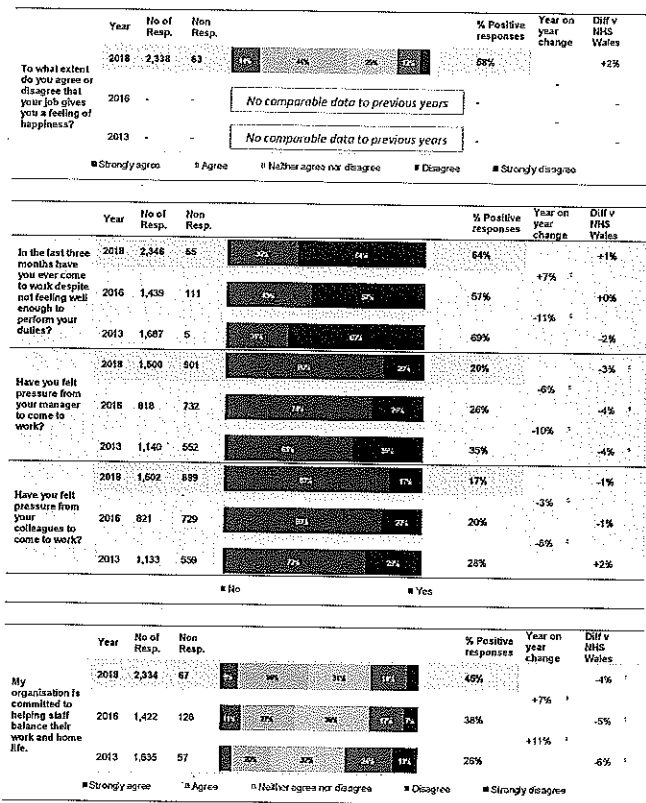
13.1 Staff Wellbeing - Rated Results



35

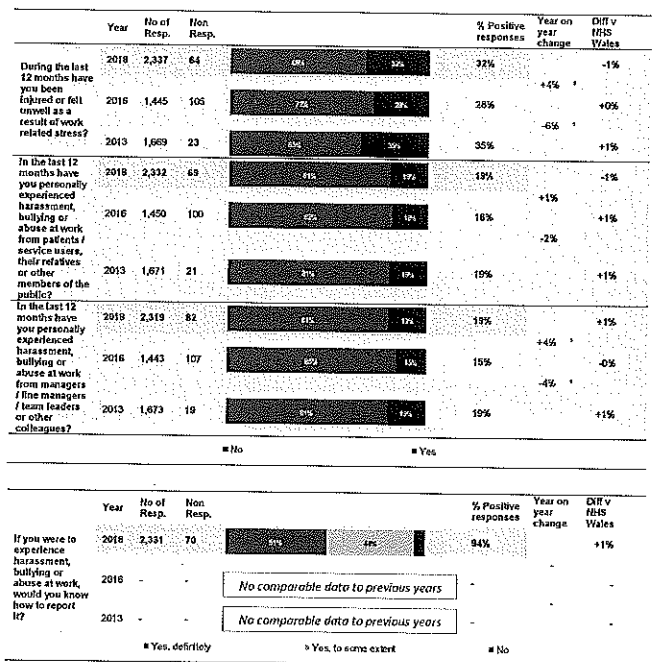
36

13.1 Staff Wellbeing - Rated Results (continued)



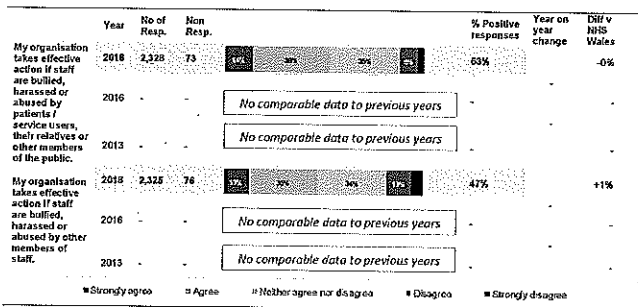
37

13.1 Staff Wellbeing - Rated Results (continued)

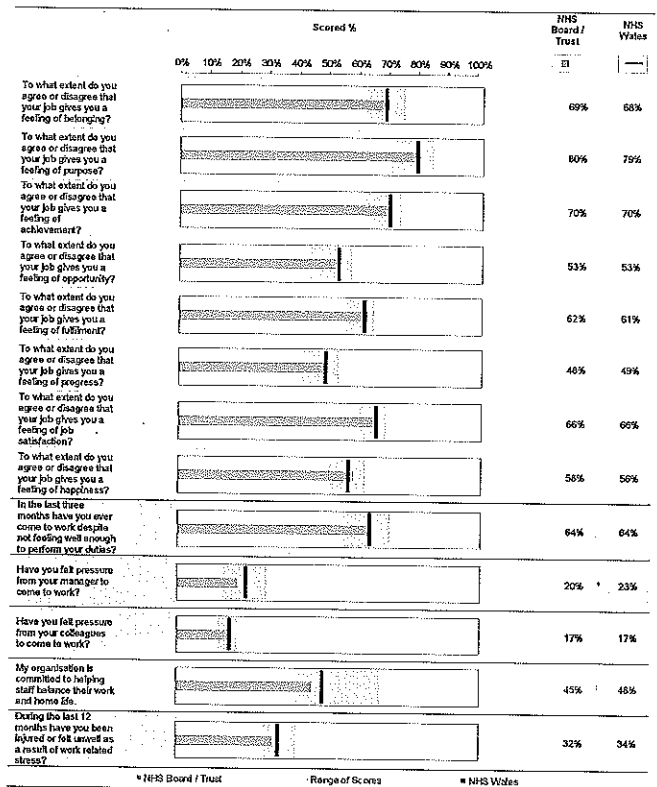


38

13.1 Staff Wellbeing - Rated Results (continued)



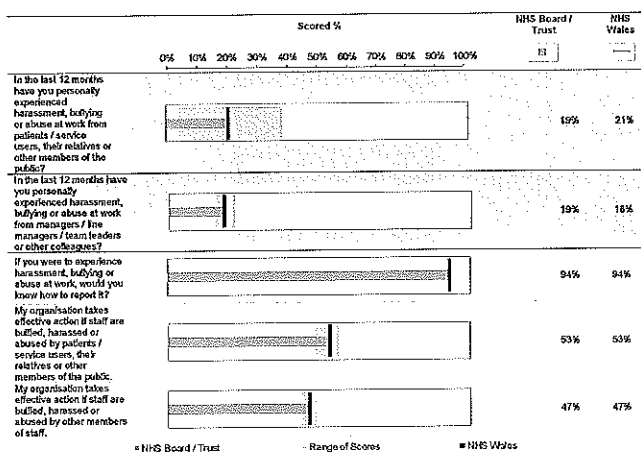
13.2 Staff Wellbeing - Variation Charts



39

40

13.2 Staff Wellbeing - Variation Charts (continued)



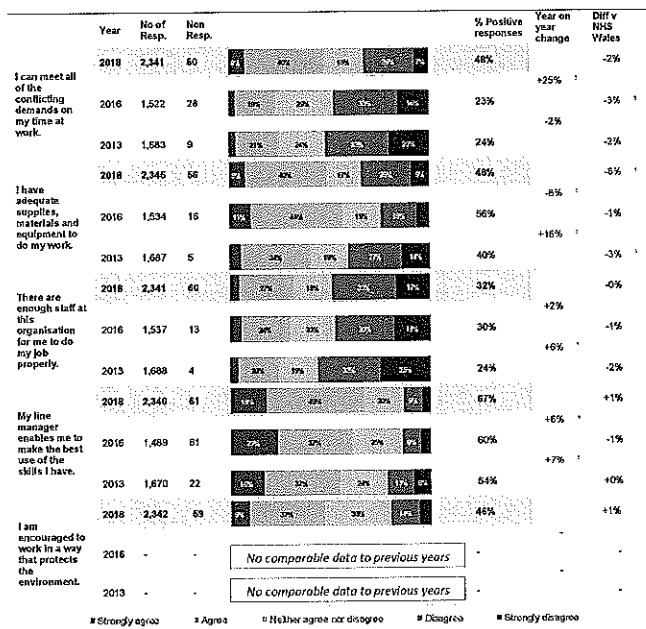
41

14 Resources

All but one score in the resources section has improved. 48% of staff say that they can meet all of the conflicting demands on their time at work – up from 23% in 2016. 48% say that they have adequate supplies, materials and equipment to do their job, down from 56% in 2016.

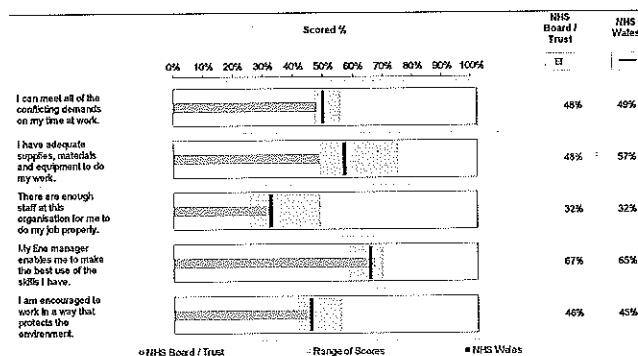
42

14.1 Resources - Rated Results



43

14.2 Resources - Variation Charts

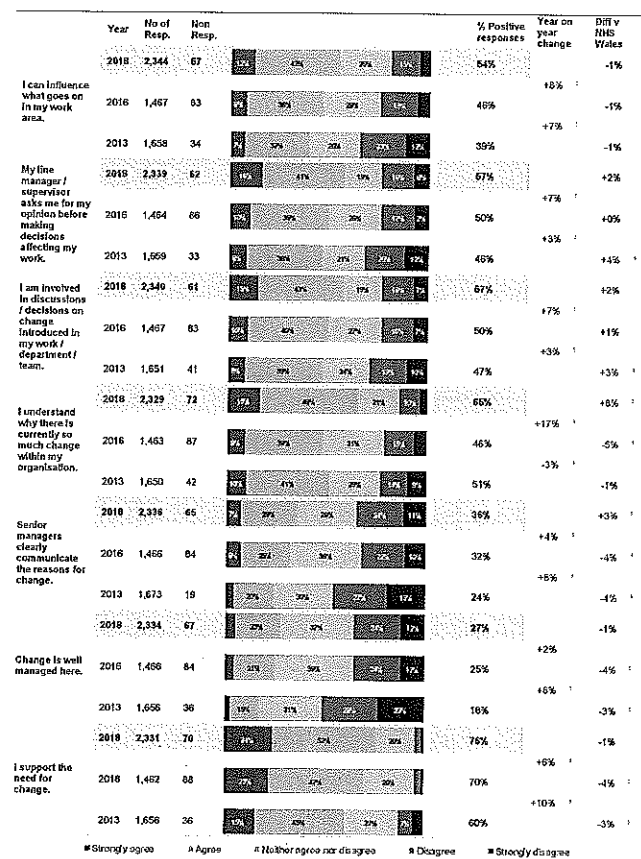


44

15 Change in the Organisation

All scores on staff's attitude to change in their organisation have improved since 2016 and are mostly above the overall NHS Wales scores. 76% of staff say they support the need for change, but only 27% say that change is well managed and 36% say that senior managers clearly communicate the reasons for change.

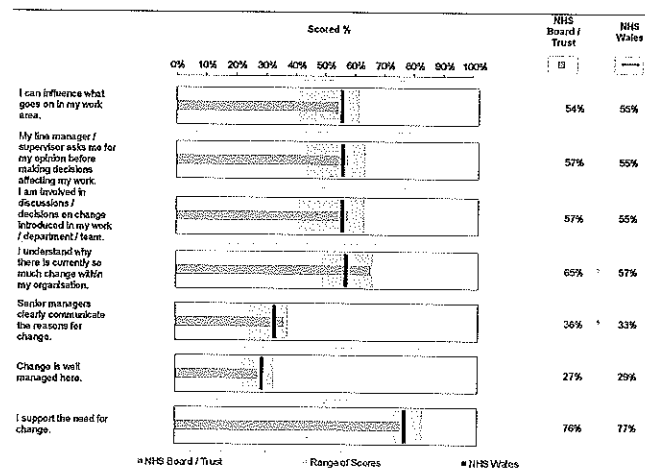
15.1 Change in the Organisation - Rated Results



45

46

15.2 Change in the Organisation - Variation Charts



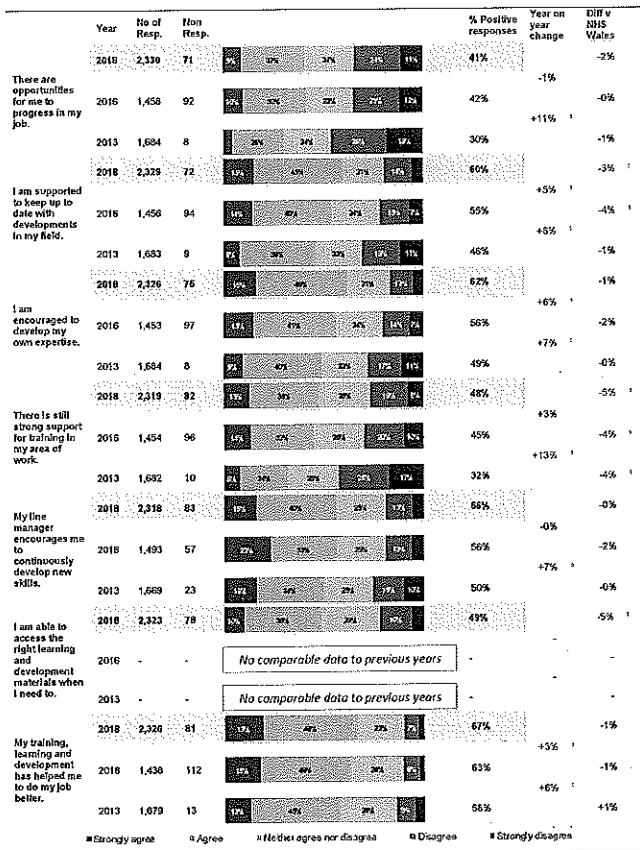
47

16 Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and 48% (up from 45% in 2016) say there is still strong support for training in their area of work. 78% of staff say that they had a performance appraisal/review in the last 12 months, up from 72% in 2016.

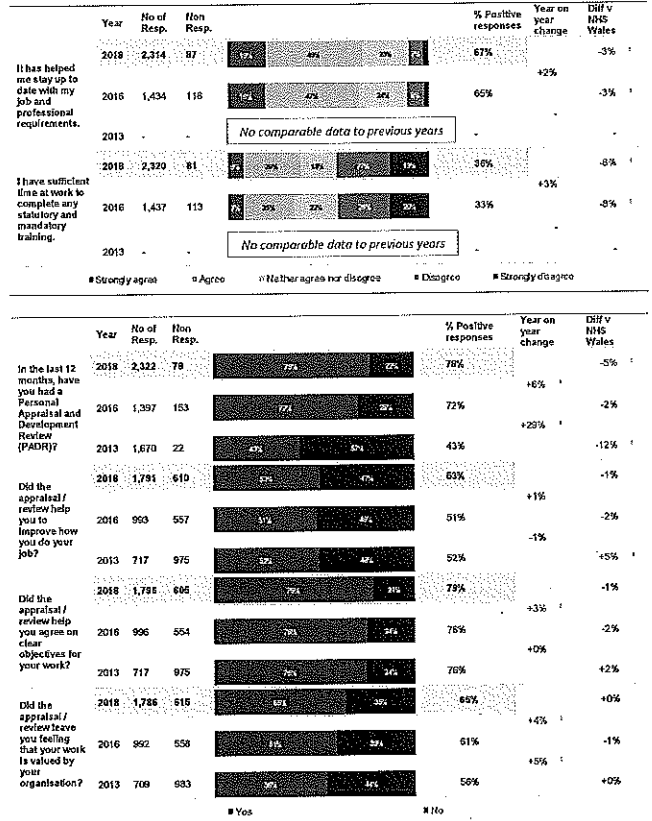
48

16.1 Learning and Development - Rated Results



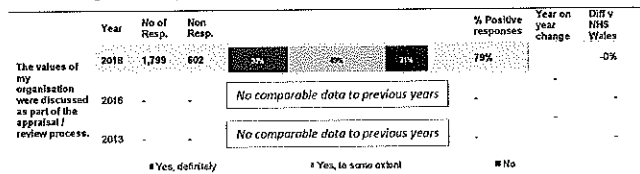
49

16.1 Learning and Development - Rated Results (continued)



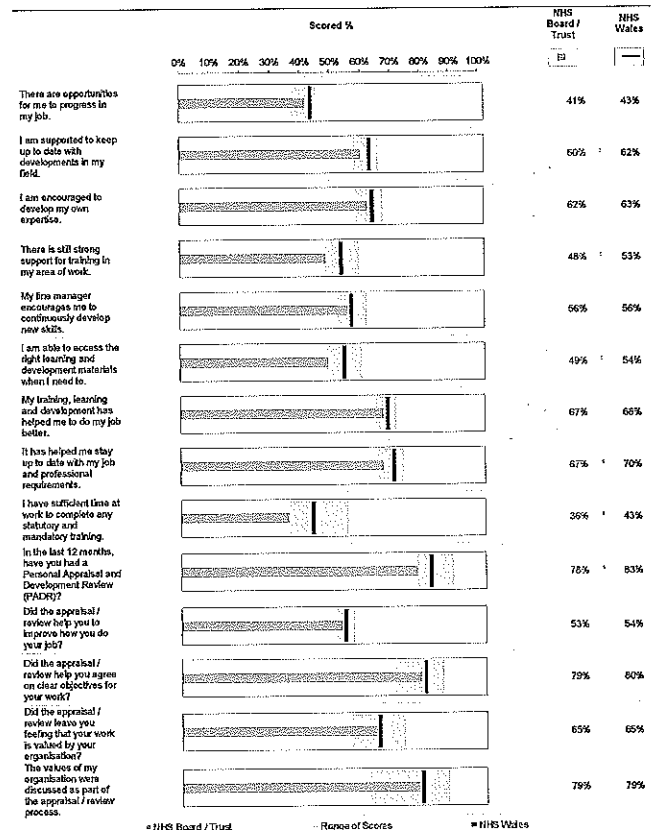
50

16.1 Learning and Development - Rated Results (continued)



51

16.2 Learning and Development - Variation Charts

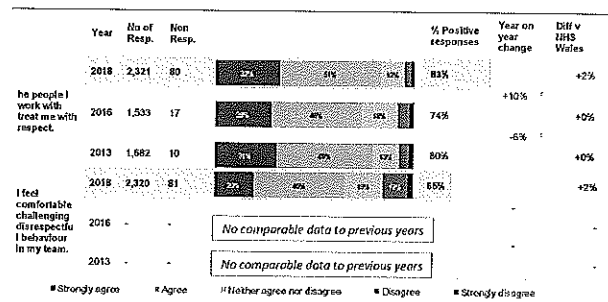


52

17 Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them respect has improved significantly since 2016 – up from 74% to 83%.

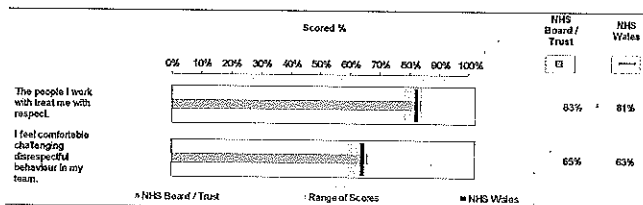
17.1 Diversity - Rated Results



53

54

17.2 Diversity - Variation Charts



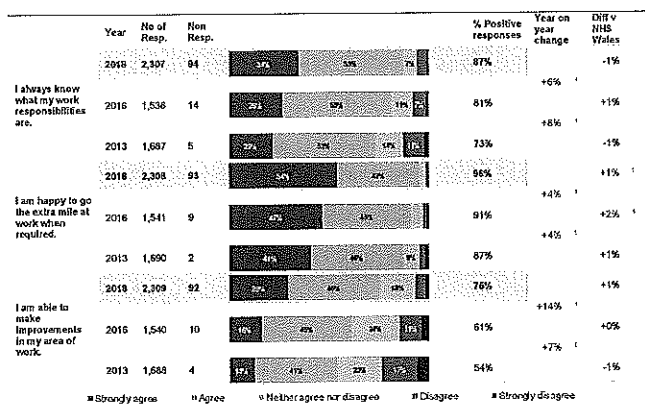
55

18 Other

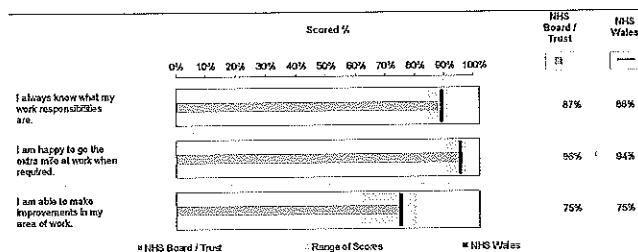
There are three questions in this section. All three of them have seen significant improvements since the last survey, and they are all around the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 14% (up from 61% in 2016, to 75% this year).

56

18.1 Other - Rated Results



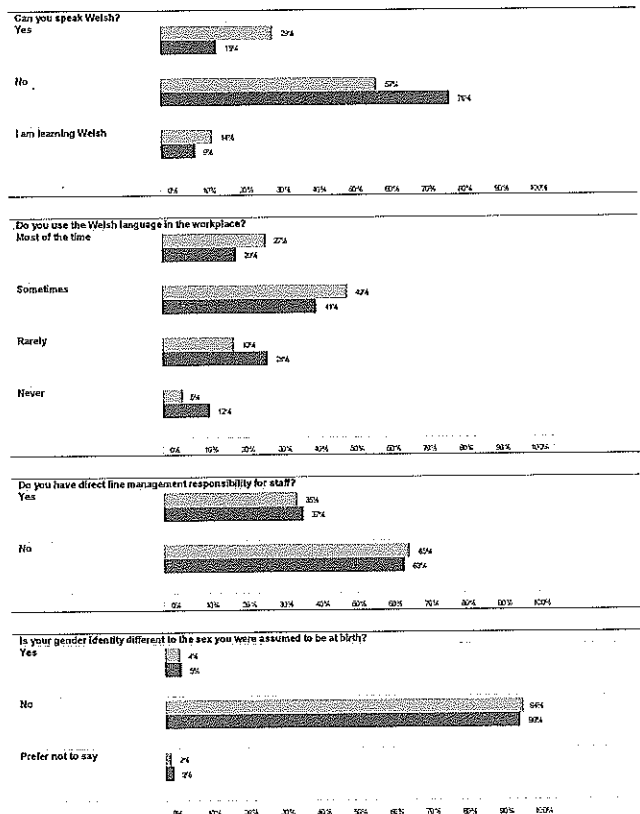
18.2 Other - Variation Charts



57

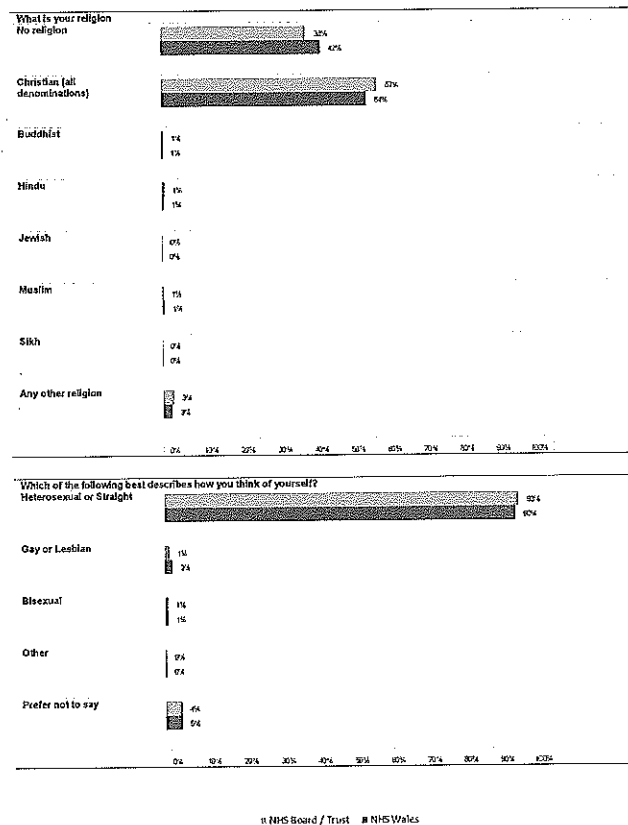
58

19 Demographics

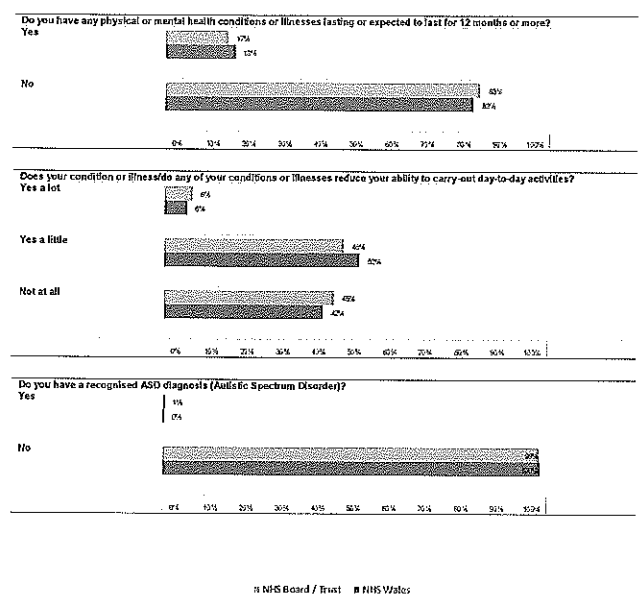
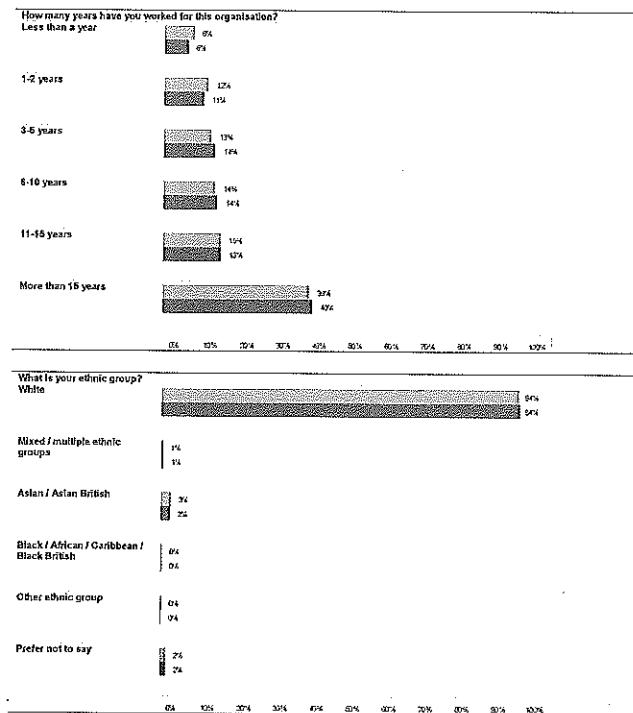


■ NHS Board / Trust ■ NHS Wales

59



60



Activity 2 (936/1000)

There are numerous reasons for aiming to improve the level of employee engagement within HDda. Data is gathered by the Workforce Intelligence team on a monthly basis.

Recruit and retain staff

HDda needs to address the recruitment and retention issue of staff, particularly in registered job roles – i.e. the nurses, doctors, physiotherapists, those who have to register with a professional body and adhere to its strict guidelines in practice. The number of nurses HDda need to recruit to be able to run efficiently, for example, has been between 160 and 200 for the last five years. There is a huge need to recruit to these roles and ensure that those staff are fully engaged within their roles.

Reduction in staff sickness rates

On average HDda's sickness rate 8.24%. However, there is a huge variation across services and directorates with some at 37.1%, 20%, 15.09% and then others at 1.29%, 1.37%, 2.05%.

For more details please see reference 8.

Appraisals

The percentage of Performance Appraisal and Development Review (PADR) across the Health Board is 77.88%, which is under the target set by the Welsh Government (80%). This suggests that the majority of management across HDda have taken the time to speak to their staff and take part in a review that looks at their development (Purcell et al, 2003). While there are some services and directorates that have been able to achieve percentages in the nineties, there are some that don't even reach the sixties. Three services/directorates have achieved 53%, 55%, 59% which could be an indication of a disengaged manager who doesn't take the time to build relationships with their staff, to listen to what they have to say, to develop them. With that, there is the potential for staff disengagement (MacLeod & Clarke, 2009). It has been claimed that when managers are actively engaged employees' health, well-being and engagement levels increase (CIPD, 2017).

Reduction in Staff Turnover Rate

The average staff turnover rate for HDda 8.2%, which may seem like a low number, but with ten thousand staff, this means around 800 employees. The average for the NHS Wales is 7.1%, which is the benchmark to aim towards. However, when looking at the average for the Medical and Dental employees, their average turnover is 11.4%; compared to NHS which is 16.7%. It has been suggested that when employees are actively engaged within their job roles, they are not only happier and complete their jobs, but they are emotionally committed

to the organisation and will 'go the extra mile'. (Alfes, Truss, Soane, Rees, & Gatenby, 2010).

As with most things, HDda is not an organisation that remains static, change is constant. When there is a change within the organisation, small or large, the level of employee engagement can be affected.

Restructures

Restructures within HDda come on a departmental level, service level, directorate level, but also, what is happening now within HDda, on an organisational level. Transforming Clinical Services, or to the public "The Big NHS Change" is where HDda are slowly moving care to preventative rather than curative, and from hospital care to home care (Hywel Dda UHB, 2019). With this large change, there is a need for each clinical service to change the way it delivers care; meaning a change in objectives, change in targets, change in processes, change in job roles. This has the potential to change an employee from highly engaged to completely disengaged if not handled sensitively and properly (CIPD, 2015).

Pay

Negative pay changes or static pay, not competitive with other health providers. For example, the Health Board spends on average £1m every month on agency workers, who choose to work that way instead of becoming an employee within HDda because the organisation's pay structure cannot compete with that offer by the agency.

Levels of employee engagement can be affected, positively and negatively. There will be factors that encourage and help raise engagement levels, but there are also factors that have hinder or decrease engagement levels.

Money

When there is no money for extra staff, equipment or development, there is the risk of burnout, inefficient working and stagnancy. These potentially could lead to employee disengagement (CIPD, 2018).

Opportunity

It has been suggested that when employees are presented with opportunities to develop, either more fully into their roles, or in career progression, levels of engagement are higher.

Therefore, if an organisation allows for employees to feel stifled in their role or career, then it can lead to a lack of purpose and lower engagement levels (Bridger, 2018).

Management

When management is not fully engaged, or lacks skills and resources, it can lead to a lack of support and direction. Employees may become frustrated, under skilled, under resourced, and have a lack of development opportunities. This can lead to employees, not only being not actively engaged, being fully disengaged (Engage for Success, 2013). Lack of knowledge or competency in management can be a hinderance to increasing levels of engagement of employees. Research has shown that how employees are managed impacts on their health and well-being, therefore if poor management exists, then it reasonable to assume that well-being and levels of engagement will be lower than with good management (CIPD, 2017).

Mis-managed change and/or communication (Tichy, 1983) (APM, 2017)

Organisation Size

Due to the size of the organisation measuring the levels of staff engagement can be problematic. It is suggested that people analytics are vital to understanding the strengths and weakness of our Health Board (CIPD, 2018). Currently the infrastructure is not in place to suitably and accurately carry out people analytic activities. This is often outsourced to NHS Wales Informatics, whose remit covers every health board within Wales.



WORKFORCE & ORGANISATIONAL DEVELOPMENT SUB-COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 July 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce Intelligence Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle James, Head of Workforce Intelligence

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Workforce Intelligence Report is provided to the Workforce & Organisational Development Sub-Committee for information. A separate Absence Management Report has been presented to the Sub-Committee. The Sub-Committee is asked to note the information within this report.

Cefndir / Background

This report provides information relating to Hywel Dda University Health Board's (HDdUHB) workforce to the Sub-Committee. The information presented includes a comparison with the All Wales Dashboard.

Asesiad / Assessment

This report provides information relating to

1. **ALL WALES WORKFORCE PERFORMANCE DASHBOARD – MARCH 2019**
 - 1.1 PADR
 - 1.2 Core Skills Training Framework
 - 1.3 Turnover
2. **HYWEL DDA UNIVERSITY HEALTH BOARD**
 - 2.1 Staff In Post – 31 May 2019
 - 2.2 PADR – 31 May 2019
 - 2.3 CSTF (Mandatory Training) – 31 May 2019

1. ALL WALES WORKFORCE PERFORMANCE DASHBOARD – March 2019

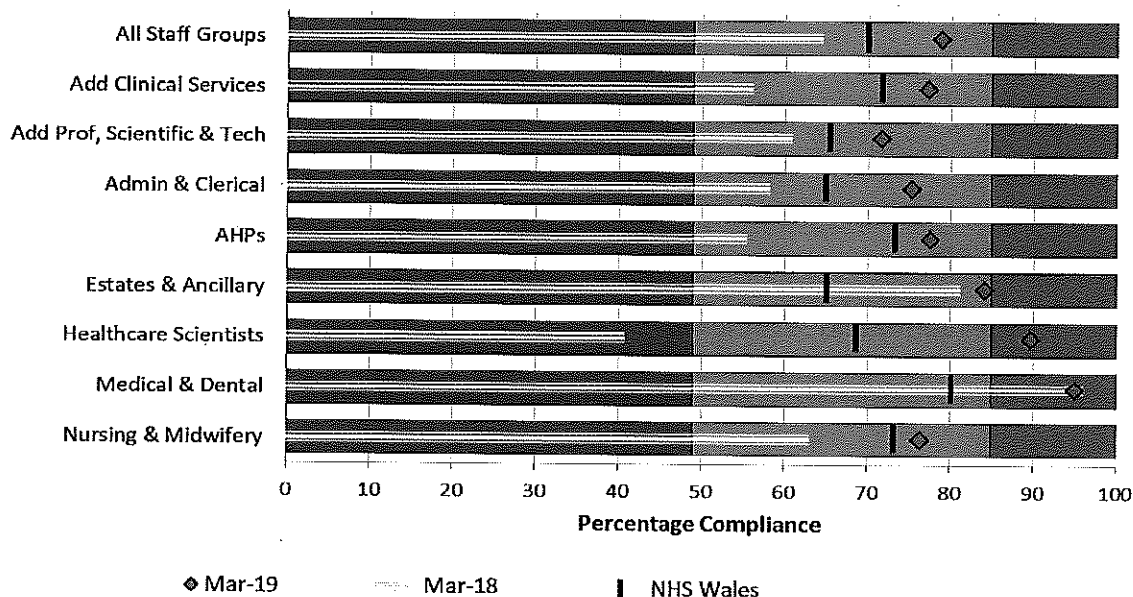
The Workforce Performance Dashboard has been designed for Welsh Government, Executive Directors and Senior Managers to assist organisations in benchmarking and gauging performance and progress towards NHS key performance. The information is submitted on a monthly basis to Workforce Education and Development Services (WEDS) from each of NHS Wales' organisations. The data source is Electronic Staff Register Business Intelligence (ESRBI) and the Medical Appraisal and Revalidation System (MARS).

The Dashboard figures are produced one to two months in arrears to the HDdUHB reporting schedule e.g. Dashboard figures presented in this report relate to March 2019, whereas HDdUHB is currently reporting as at May 2019 and sickness absence for April 2019. The information relating to HDdUHB's position is therefore presented in this report for further and more current information.

1.1 Performance Appraisal and Development Review (PADR)

Definition - Percentage of headcount by organisation and staff group, who have had a PADR/Medical Appraisal in the previous 12 month period, excluding doctors and dentists in training. The graph shows the annual appraisal compliance rate by staff group, HDdUHB's current compliance rate is indicated by the **BLUE** diamond, the **GREY** horizontal lines show the rate a year ago and the vertical **BLACK** line shows the rate for **NHS Wales**.

Appraisal Rates by Staff Group: Hywel Dda UHB vs NHS Wales



Overall PADR compliance has increased from the March 2018 rates (top bar in chart) and HDdUHB's compliance is above the NHS Wales average. For March 2019, all staff groups were above the NHS Wales average.

Key messages

- PADR compliance is 78.8%; NHS Wales is 70.0%; performance target 85%
- HDdUHB is above the NHS Wales average in all staff groups.
- Medical & Dental Compliance is 95%

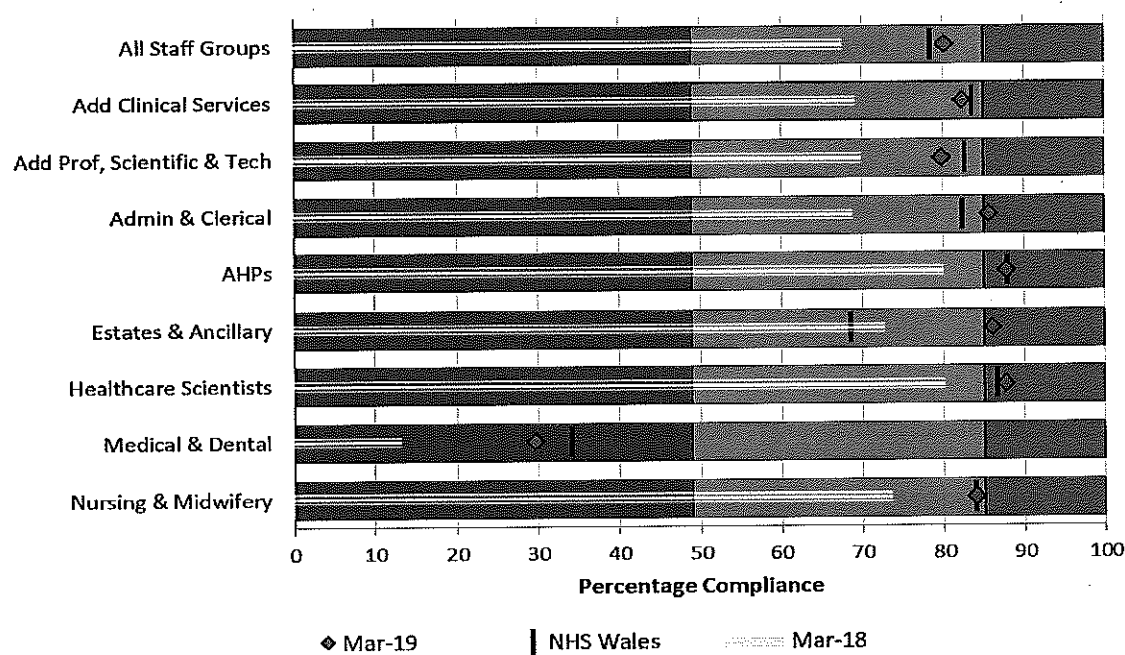
1.2 CSTF – Statutory / Mandatory Training

Definition - Percentage compliance for each completed Level 1 competency within the Core Skills and Training Framework (CSTF) by organisation and staff group:-

- Equality, Diversity & Human Rights (Treat Me Fairly);
- Fire Safety;
- Health, Safety & Welfare;
- Infection Prevention & Control;
- Information Governance (Wales);
- Moving and Handling ;
- Resuscitation;
- Safeguarding Adults;
- Safeguarding Children;
- Violence & Aggression (Wales)

The graph shows the Statutory & Mandatory Training compliance rate by staff group, Hywel Dda's current compliance rate is indicated by the **BLUE** diamond, the **GREY** horizontal lines show the rate a year ago and the vertical **BLACK** line shows the rate for **NHS Wales**.

Statutory & Mandatory Training Rates by Staff Group: Hywel Dda UHB vs NHS Wales



The compliance for CSTF improved over the 12 months for all staff groups from 67.7% in March 2018 to 80.2% in March 2019.

Key messages

- CSTF is 80.2%; NHS Wales is 78.4%; performance target 85%
- HDdUHB is above the average NHS Wales compliance for all staff groups, except for Additional Clinical Services, Professional Scientific and Technical, AHPs, and Medical and Dental Groups. Overall performance is slightly above the NHS Wales average.

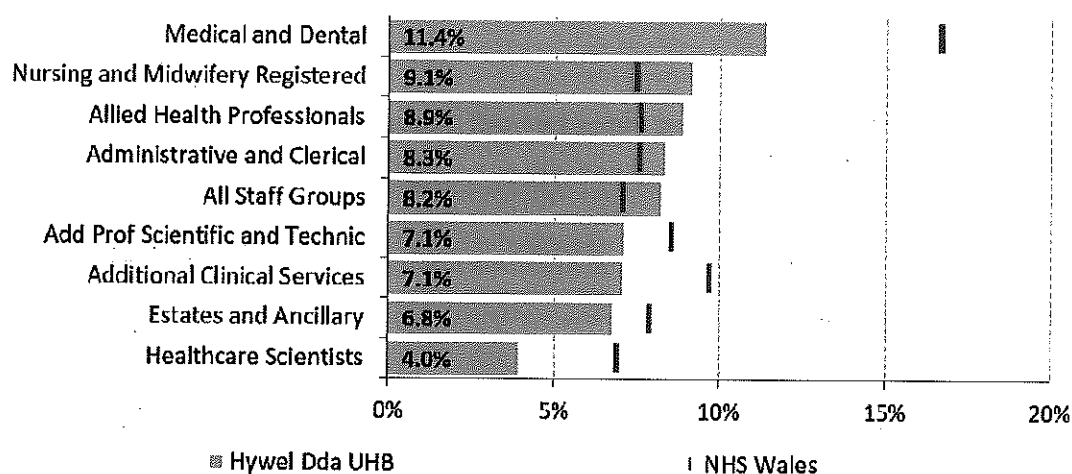
1.3 Turnover

Definition - Percentage of total number of leavers from organisations in a 12 month period by organisation and staff group, excluding doctors and dentists in training, and excludes Bank, Locum & Honorary. This is calculated as headcount leaving the organisation within a 12 month period/average total headcount employed.

Turnover for NHS Wales only includes people who have left NHS Wales. Therefore, staff movement between organisations ("churn") is excluded. In some cases NHS Wales' turnover will be lower than all organisations for this reason.

The graph below shows the turnover rate for a 12 month period to March 2019 by staff group. The BLUE bar shows the percentage turnover for Hywel Dda and the RED line shows average turnover percentage within Wales.

12 month Turnover rate for Hywel Dda UHB (Mar-19) and NHS Wales (Jan-19)



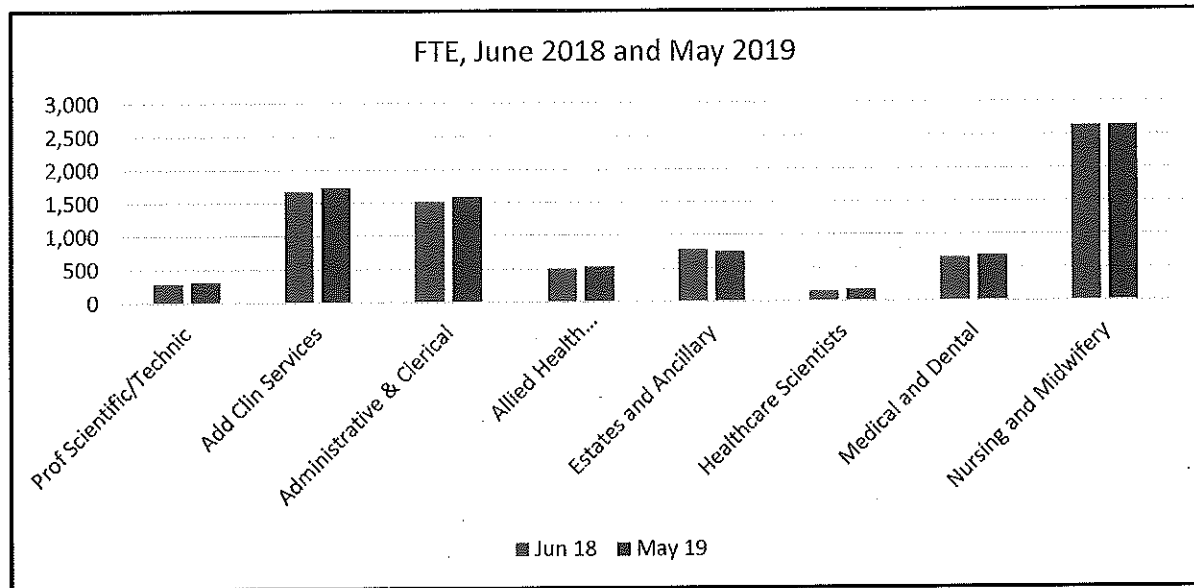
The turnover for staff groups in Hywel Dda is higher than NHS Wales except for the Add Prof Scientific and Technical, Additional Clinical Services, Healthcare Scientists, Medical and Dental, and Estates and Ancillary groups. Medical and Dental is 11.4% compared with NHS Wales 16.7%. Nursing and Midwifery Registered is 9.1% compared with NHS Wales 7.5%

Key messages

- Turnover for all staff groups is 8.2%; NHS Wales is 7.1%
- Turnover for Medical & Dental staff is 11.4%

2. HYWEL DDA WORKFORCE INFORMATION to May 2019

2.1 Staff in Post (FTE) for June 2018 to May 2019



The Staff in Post (FTE) has increased comparing June 2018 to May 2019 for all staff groups, except Estates and Ancillary (and Students), although for some groups the changes in numbers are small.

Staff Group	FTE by Month											
	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	2019 / 04	2019 / 05
Add Prof Scientific and Technic	297	299	303	302	306	307	312	316	314	315	315	314
Additional Clinical Services	1,677	1,681	1,694	1,678	1,690	1,693	1,692	1,714	1,717	1,705	1,721	1,734
Administrative and Clerical	1,523	1,525	1,531	1,536	1,544	1,549	1,553	1,572	1,583	1,580	1,590	1,594
Allied Health Professionals	509	507	515	518	525	526	527	528	543	543	544	534
Estates and Ancillary	797	797	796	779	775	773	773	771	770	771	760	758
Healthcare Scientists	155	155	157	176	176	175	175	174	175	174	176	175
Medical and Dental	660	711	670	677	685	684	684	686	688	686	685	687
Nursing and Midwifery Registered	2,643	2,621	2,616	2,683	2,681	2,678	2,656	2,645	2,638	2,669	2,656	2,645
Students	15	15	15	9	9	9	9	9	6	5	5	5
Grand Total	8,277	8,311	8,298	8,358	8,391	8,394	8,381	8,414	8,434	8,448	8,451	8,447

Key Messages

- Nursing & Midwifery FTE remained essentially static, increasing from 2,643 in June 2018 to 2,645 in May 2019.

2.2. PADR – May 2019

Directorate	Assignment Count	Reviews Completed	Reviews Completed %
ASST DIR OPS QUALITY & NURSING	26	5	19.23
BGH DIRECTORATE	313	193	61.66
CARMS DIRECTOR AND COMMISSIONER	355	336	94.65
CEREDIGION DIRECTOR AND COMMISSIONER	171	110	64.33
CORPORATE GOVERNANCE	10	8	80.00
DIRECTOR OF FINANCE	96	57	59.38
DIRECTOR OF PLANNING, PERFORMANCE & INFORMATICS	161	152	94.41
DIRECTOR OF THERAPIES & HEALTH SCIENCE	536	421	78.54
FACILITIES	962	817	84.93
GGH DIRECTORATE	629	453	72.02
MEDICAL DIRECTOR & DIRECTOR CLINICAL STRATEGY	82	56	68.29
MENTAL HEALTH & LEARNING DISABILITIES	1,041	821	78.87
NURSING, QUALITY & PATIENT EXPERIENCE DIRECTOR	109	60	55.05
ONCOLOGY & CANCER SERVICES	71	68	95.77
OPERATIONS DIR MANAGEMENT	277	191	68.95
PATHOLOGY	241	224	92.95
PEMBS DIRECTOR AND COMMISSIONER	275	232	84.36
PLANNED CARE	987	788	79.84
PPH DIRECTORATE	483	424	87.78
PARTNERSHIPS & CORPORATE SERVICES	47	36	76.60
PRIMARY, COMMUNITY & LONG TERM CARE DIRECTOR	413	307	74.33
PUBLIC HEALTH DIRECTOR	230	123	53.48
RADIOLOGY	222	138	62.16
WGH DIRECTORATE	480	395	82.29
WOMEN & CHILDREN	634	472	74.45
WORKFORCE & OD DIRECTOR	171	150	87.72
Grand Total (including areas not shown here)	9,052	7,050	77.88

2.2.1 Medical Appraisal

Medical Appraisal (as at 31st May 2019) remains above target at 95%, with eight areas at 100% compliance (Anaesthetics, Rheumatology, Ophthalmology, Oncology, Pathology, Mental Health, Obs & Gynae, and Sexual Health). Overall totals for the main areas are:

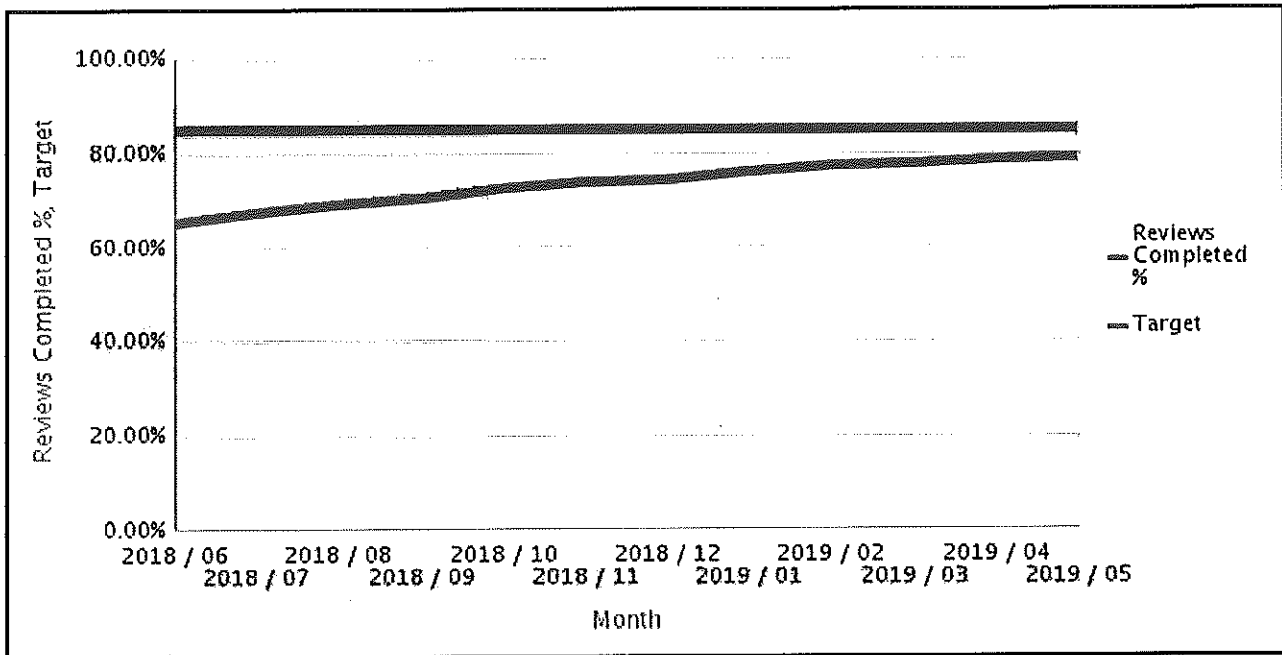
- Planned Care: 98%
- Unscheduled Care: 98%
- Women and Children: 94%
- Mental Health: 100%

2.2.2 Non-medical appraisal (PADR)

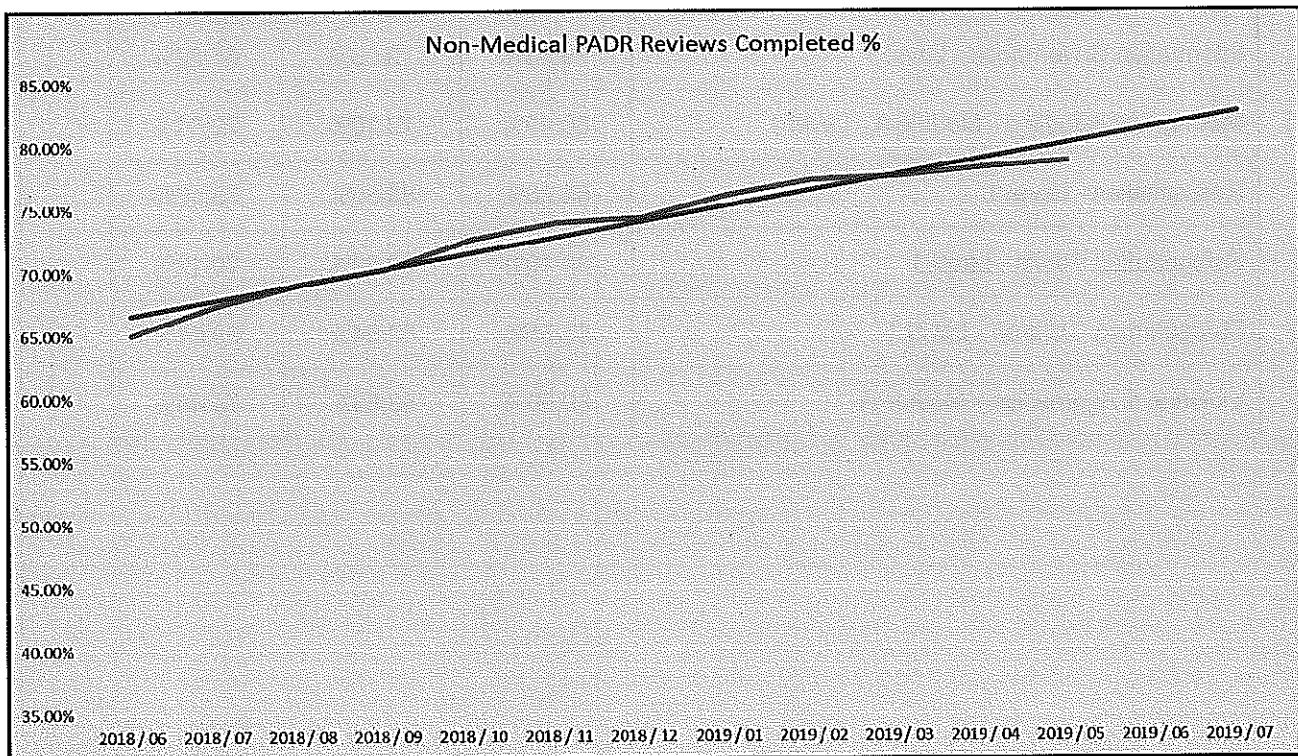
For non-medical appraisals, of the 26 areas shown in the table above, the numbers in each percentage band are:

	Below 65%	65% to 69%	70% to 74%	75% to 79%	80% or higher
Areas	7	2	3	4	10

Over the past 12 months, the Health Board's PADR rates have been:



Adding a trend line to the last 12 months' PADR rates illustrates an upward trend in performance over the last 12 months.



Projecting the trend line forward as above shows performance reaching approximately 82.7% by July 2019.

2.3. Core Skills Training Framework (Level 1) – May 2019

Overall Summary

The current figures represent an overall improvement of 0.98% when comparing the overall rate between April 2019 and May 2019. Improvement percentage increase ranges between 0.30% and 1.60% in all 10 areas.

There has been an improvement in the 12 month period from 69% in May 2018 to 81% in May 2019.

Core Skills Training Framework Summary Total Rates	May 2019	April 2019	May 2018
CSTF Compliance	81.46%	80.48%	69.28%
Fire Safety - Level 1	70.22%	68.70%	45.53%
Equality, Diversity and Human Rights - Level 1	81.80%	80.90%	68.77%
Health, Safety and Welfare - Level 1	81.22%	80.16%	69.00%
Infection Prevention and Control - Level 1	82.43%	81.54%	78.59%
Information Governance - Level 1	79.33%	79.03%	67.22%
Moving and Handling - Module A - Level 1	80.49%	79.10%	72.31%
Resuscitation - Level 1	84.28%	83.55%	75.16%
Safeguarding Adults - Level 1	82.19%	80.59%	70.12%
Safeguarding Children - Level 1	83.35%	82.64%	69.61%
Violence & Aggression - Module A	89.30%	88.59%	76.48%

Summary of CSTF by Health Board Structure

The following table shows the CSTF compliance rates, (based on the CSTF areas outlined in the previous table) and by the HB structure for the period of May 2019.

Deputy Chief Exec & Director of OPS	Assignment Count	Required	Achieved	Compliance %
ASST DIR OPS QUALITY & NURSING	26	260	93	35.77%
CARMS DIRECTOR AND COMMISSIONER	370	3700	3029	81.86%
CEREDIGION DIRECTOR AND COMMISSIONER	178	1780	1578	88.65%
FACILITIES	982	9820	8631	87.89%
MENTAL HEALTH & LEARNING DISABILITIES	1106	11060	9589	86.70%
ONCOLOGY & CANCER SERV/S	78	780	716	91.79%
OPERATIONS DIR MANAGEMENT	304	3040	2569	84.51%
PEMBS DIRECTOR AND COMMISSIONER	283	2830	2628	92.86%
PLAN/D CARE	1265	12650	9395	74.27%
PATH/LOGY	257	2570	2032	79.07%
RADI/LOGY	235	2350	1800	76.60%
THERAPEUTIC HOSTED SERVICES	548	5480	4960	90.51%
BGH DIRECTORATE	361	3610	2674	74.07%
GGH DIRECTORATE	718	7180	4965	69.15%
PPH DIRECTORATE	552	5520	4348	78.77%
WGH DIRECTORATE	558	5580	4282	76.74%
WOMEN & CHILDREN	733	7330	6074	82.86%

Corporate Functions	Assignment Count	Required	Achieved	Compliance %
CHIEF EXEC	41	410	237	57.80%
DEPUTY CHIEF EXEC & DIRECTOR of OPS	8006	80060	64403	80.44%
DIRECTOR OF FINANCE	104	1040	1011	97.21%
DIRECTOR OF PLANNING, PERFORMANCE & INFORMATICS	162	1620	1564	96.54%
DIRECTOR OF THERAPIES AND HEALTH SCIENCES	551	5510	4986	90.49%
MEDICAL DIRECTOR & DIRECTOR CLINICAL STRATEGY	94	940	812	86.38%
NURSING, QUALITY & PATIENT EXPERIENCE DIRECTOR	112	1120	965	86.16%
PARTNERSHIPS & CORPORATE SERVICES	49	490	443	90.41%
PRIMARY, COMMUNITY & LONG TERM CARE DIRECTOR	444	4440	3482	78.42%
PUBLIC HEALTH DIRECTOR	235	2350	1709	72.72%
WORKFORCE & OD DIRECTOR	174	1740	1620	93.10%
Grand Total	9972	99720	81232	81.46%

Argymhelliad / Recommendation

The Sub-Committee is asked to note the information within this report.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1.1 Monitor operational performance to ensure the sustainability of current and future workforce models. 5.1.2 Monitor key workforce savings targets and productivity measures. 5.1.3 Monitor employee relations activity across the organisation to identify trends and agree relevant strategy for issues identified. 5.1.12 To consider internal and external workforce reports, audits and reviews and monitor the delivery of subsequent action plans. 5.1.13 Provide assurance of workforce data quality.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ESR – Electronic Staff Register
Rhestr Termiau: Glossary of Terms:	CTSF – Core Skills Training Framework ESR – Electronic Staff Register OLM – Oracle Learning Management LMS – Learning Management System PADR – Performance Appraisal and Development Review
Partïon / Pwyllgorau a ymgynhorwyd ymlaen llaw: Parties / Committees consulted prior to Workforce & Organisational	None

Effaith: (rhaid cwblhau)**Impact: (must be completed)**

Ariannol / Gwerth am Arian:
Financial / Service:

To aid managers to understand their service metrics and take steps to ensure improvement in their areas.

Ansawdd / Gofal Claf:
Quality / Patient Care:

Workforce

Gweithlu:
Workforce:

Wholly related to workforce

Risg:
Risk:

Not Applicable

Cyfreithiol:
Legal:

Not Applicable

Enw Da:
Reputational:

Not Applicable

Gyfrinachedd:
Privacy:

Not Applicable

Cydraddoldeb:
Equality:

Not Applicable

Activity 3 (1014/1000)

Current offers by HDda:

Occupation Health Service offers guidance and advice to all employees and workers within the Health Board, including volunteers. The service includes health assessment on employment, workplace health checks, health promotion, vaccination programmes, rehabilitation programmes, and health surveillance (HDdUHB, 2018).

Staff Psychological Wellbeing Service is available to all employees and workers within the Health Board. It includes stress risk assessments for individuals, team support, counselling, workshop and seminars to build a culture of well-being and effective self-care (HDdUHB, Staff Psychological Well-being Service, 2018).

As an NHS organisation, HDda offers its staff a wide range of excellent benefits, including a good pension and competitive amount of annual leave, retail and travel discounts, schemes to help purchase bigger items such as bikes and laptops, (Hywel Dda UHB, 2019)

IQT (Improving Quality Together) Training is offered to all employees. The bronze level is a requirement that all staff complete so that they are aware how to follow PDSA models in making changes, and recognise that anybody and everybody can make changes that are small or large in the workplace to improve the working lives of everybody, and ultimately to the benefit of the patients.

Flexible working is available to all employees in various ways. There are a number of options available, including flexi-time, part-time, career break, job share, annual hours, personalised annual leave, temporary reduced working hours, phased return to work and flexible retirement (HDdUHB, 2018). This is one of the future trends of employee engagement, the Health Board are aware of what is needed and is working to meet those needs (Bridger, 2018).

What are key/future trends?

Holistic Learning & Career Development,

Agile working and the 4th Industrial Revolution – keeping up with technology and using it in a way changes the way staff work (HR Technologist, 2018; HR Technologist, 2018). The need for the development of a “digital ecosystem and technological advancements is something the Health Board is aware of and has included in its ten-year plan (HDdUHB, 2018). The aim is to be fit for purpose in this modern era, and to benefit both patients and

staff alike. One of the aims of the technological advancements is to an agile and flexible working culture; however, this has to be based on the needs of patients, so there potentially is a limit to how agile/flexible working can be. With this being a ten-year plan, there is still a long way to go before this comes to fruition. This is a huge task as there a number of barriers to overcome like attitudes in the more reluctant employees in the use of more advanced technology, training for all that will be using it, working with network providers regarding signal and network coverage in the more rural areas the Health Board covers. It will take a lot of resources to make this happen – time, money, energy, equipment, partnership working. There is a whole transformation department that is working on this.

'Purpose' of the organisation and of the job role. Compelling strategic narrative for the organisation. Meaningful and inspiring to the employees so they can see where they fit into this purpose (Bridger, 2018).

Technology in gauging levels of employee engagement. One way to ascertain how employees are feeling within their place of work can be gained through the use of technology. Using apps or alternative software can allow employees let management to know how they feel about their role, their developmental opportunities, their supervisors/managers, the resources to hand, the communication (Wietrak, 2019; Purcell et al, 2003; MacLeod & Clarke, 2009). This is an area that the Health Board does not do very well in. The informal methods of getting employee feedback is hit and miss depending on time and priorities (particularly in clinical areas), and the more formal way (via the Performance and Appraisal Development Review - PADR) is only captured on an annual basis. Pulse surveys are a relatively recent method of capturing data on various aspects, including engagement, to be analysed and, more importantly, to be acted upon (CIPD, 2018).

What would work in our org?

Rather than relying on the annual PADR and the bi-annual staff survey, a more frequent pulse survey would be more effective in capturing employee feedback, analysing trends more accurately and being able to act upon any decreases in levels of engagement as they start to go on a downward trend, before it goes too far (CIPD, 2018). There are two potential avenues this could effectively and efficiently be captured. Either as an app on people's phones, or as part of our ESR (Electronic Staff Record) system. Technology is becoming increasing part of all job roles, in all services, within the Health Board. This could be a small but effective way to encourage current staff members to use the systems/technology more and raise their confidence in it. While capturing the data on ESR would be a more efficient way

of recording data and being able to analyse it; the system is an All Wales one, which means that any change process involving it would be much larger and much more complex, involving the Welsh Government, all health boards and their IT directorates, NHS Wales Informatics, and all relevant trade unions. This is not to say it can't be done, however. To design and implement the use of an app on people's phones, could be kept internally to Hywel Dda; however, the data captured by the app, potentially may not align to the ESR interface and it would just be one extra system to hold employee data.

Whichever option is used, it needs to be a simple method of capturing employee feedback, with long-term change management techniques used to design and implement the change (APM, 2017). A structured change with a pilot implemented and evaluated, along with an analysis of hard-to-reach employees that could be more reluctant to change. A communication strategy would need to be in place, focusing on emphasising the benefits of participating in more regular pulse survey and ensure that only positive action will be taken, helping to allay any potential fears (Rees & Hall, 2016).



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Mountain Warehouse - 20% discount off all items including sale items. Just show your staff ID card.

Jeffreys the Jewellers, Milford Haven - 15% off their range of diamond and wedding rings by entering 'promo15' into the discount code box & 15% off the entire Clogau Gold range. To obtain your Clogau Gold discount orders must be placed in-store, over the phone or by email

www.jellyegg.com - Based in Narberth, Pembrokeshire. Jellyegg is one of the UK's biggest retailers of Crocs shoes. Use the code HWYELDDA5 to get 5% Discount off your Crocs Work Shoes - Including FREE standard delivery. Come and browse our Shoe Store @ The Old School, Station Road, Narberth, Pembrokeshire, SA67 7DU and get 10% discount off Crocs Work Shoes, please show your ID card.

NHS Discounts - Your staff discount scheme, use your discounts, print out vouchers.

Red Guava Benefits Scheme - There are no hidden membership fees and as an employee you are able to take advantage of any of the offers available. The scheme is split into 6 easy to use categories:- Entertainment, Finance, Health, Motoring, Shopping and Travel. Please note you will need the following to access the site - User Name: HDHB / Password: BENEFITS

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<http://staffbenefits.co.uk/login/hyweldda> - The service is free and easy to use.

Simply click on 'Sign Up/Log In' then 'Sign Me Up' and follow the instructions to get discounts and offers from a fantastic range of suppliers.

Blue Light Card - Save on the high street and on-line with no registration charges.

Brambly Hill Day Nursery, PPH | 01554 783435 | hello@bramblyhill.co.uk

A perfect blend of early years care and learning, all under one roof, staffed by a full-time teacher (specialising in the early years) for the education element, and Nursery Nurses for the care offering the following benefits:

- A discount for all employees of Hywel Dda UHB
- Open 8am until 6pm, but 7am starts are available on request
- Contract with 'Flying Start' - eligible children may be able to take their free funded hours at Brambly Hill as part of their full daycare

NHS Black Card - The card allows NHS staff to save up to 5% when shopping in store at Asda, Sainsbury's, Argos, B&Q, Boots, Burton, Debenhams, Dominos Pizza, Dorothy Perkins, Ernest Jones, Evans, Goldsmiths, H Samuel, Halfords, HMV, Homebase, House of Fraser, John Lewis, Marks & Spencer, Marriott Hotels, Miss Selfridge, Mothercare, New Look, Outfit, Pizza Express, River Island, TGI Fridays, Thorntons, Topman, Topshop, Toys R Us, Wallis, Waterstones and more.

NHS staff can order a card via <http://PSdiscounts.com/blackcard> - The card normally costs £9.99. However, a special discount code can be used to purchase the card at a discounted price of only **£2.99** including postage and packing.

Please note you will need the following Discount Code - hywdcb

Childcare (Childcare Vouchers) - Tax-Free Childcare

Credit Unions - A convenient way to save and the opportunity to access low cost loans and a range of other benefits.

Groupon - Discounts and offers

Health Service Discounts - Your staff discount scheme, use your discounts, print out vouchers.

Leave Purchase Scheme

Little Angels Nursery Aberystwyth - Little Angels is a full day care nursery registered with the CSSIW for 35 children aged 0-5 years. The nursery is conveniently situated in the town centre of Aberystwyth just a short distance from Bronglais Hospital and Aberystwyth University with parking within the grounds for dropping off and picking up by car and pushchair storage for those who walk in. Staff can take advantage of a 10% discount on our standard nursery fees

Money Saving Expert - Sign up for a free weekly email and start saving now

Neyber - your employee benefit for all things money

Pembrokeshire Lottery - The Pembrokeshire lottery costs £1 per number and can be deducted from your salary each month.

Red Guava Benefits Scheme - There are no hidden membership fees and as an employee you are able to take advantage of any of the offers available. The scheme is split into 6 easy to use categories:- *Entertainment, Finance, Health, Motoring, Shopping and Travel*. Please note you will need the following to access the site - **User Name: HDHB / Password: BENEFITS**

Redkite Solicitors Discount Scheme - 10% discount on 'Private Client' services

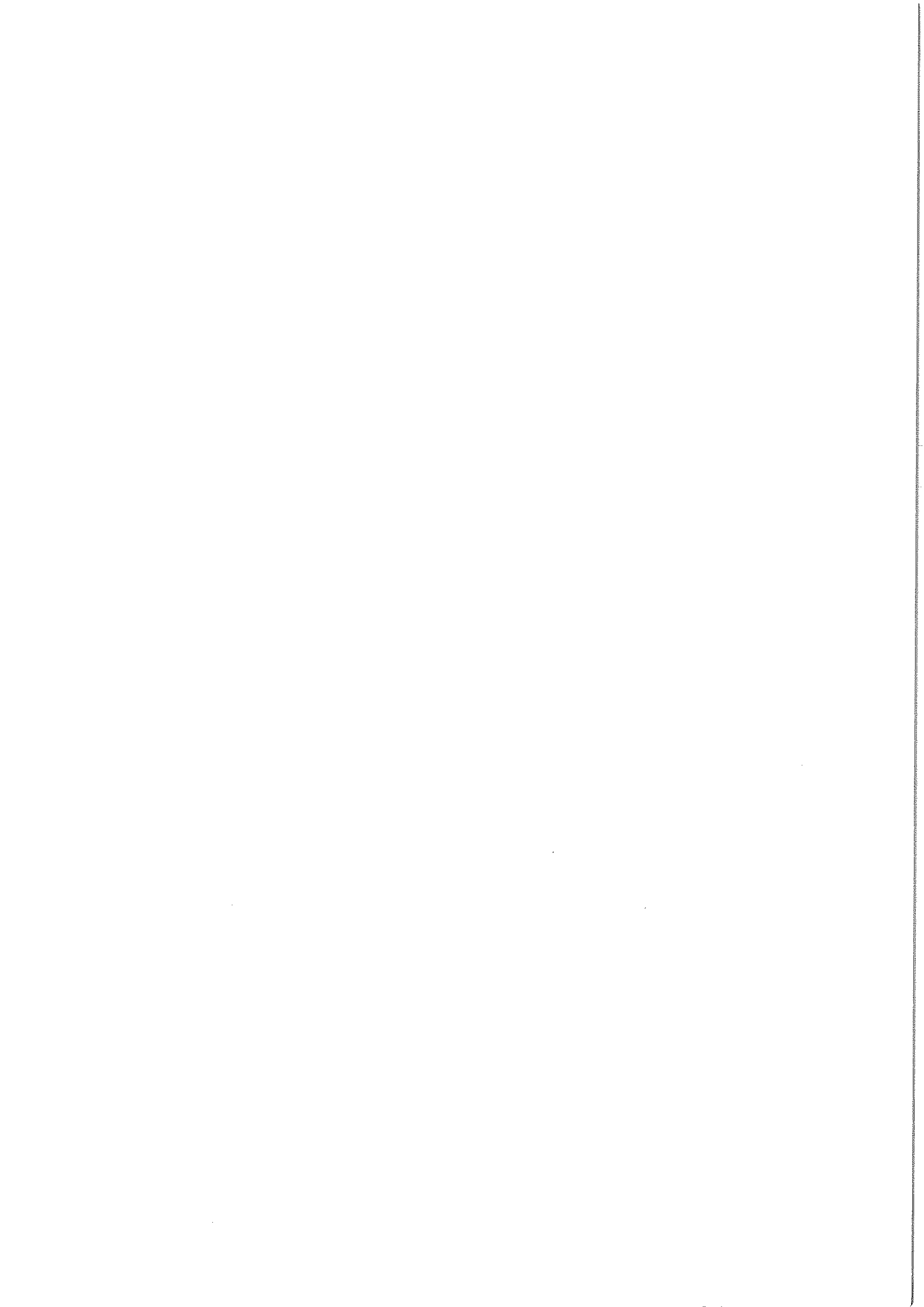
SAVEasy Credit Union - SAVEasy Information Flyer, SAVEasy Loans Calculator, SAVEasy Membership Form, SAVEasy Standing Order Form

Voluntary Early Release Scheme

Voucher Codes - Exclusive discount voucher codes at some major online stores

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Aberystwyth University Sports Centre - 10% discount on Membership Fees to NHS Staff
www.aber.ac.uk/en/sportscentre/membership/community/

Cycle to Work Scheme - www.cycle2work.info - use your employer code **HYWELDDAC2W**

Cycle to Work Scheme - www.vivup.co.uk

Carmarthenshire County Council (Actifsiŕgar)

Cenarth Falls, Coracles Health & Country Club - 'On Park' discounted charges to anyone showing their Hywel Dda Health Board ID Badge at reception for use of facilities i.e. heated swimming pool, sauna, steam room, fitness suite.

Ceredigion County Council (Ceredigion Actif)

Eye Sight Tests - Eye Care Vouchers and forms

FIT@6 at Pembrokeshire College Corporate Membership - Monthly Direct Debit £12.50 or Annual Payment of £150. Corporate membership rates include induction and all classes

Haverfordwest Golf Club - look out for offers and activities in the **News and Events** section - www.haverfordwestgolfclub.co.uk

Healthshield - A health cash plan with 100% cashback

Hearing Wales - Staff at Hywel Dda are entitled to a free hearing test at the new Hearing Wales clinic in Narberth, with 20% off the new Phonak Marvel Hearing Aid. Simply give us a ring on 01834 826826 and give us the reference **NARBS19**

Hanger 5 - The biggest trampoline park in Pembrokeshire - Hanger 5 Voucher - 20% off for groups of 4 or more

Monks Premier Spa & Health Club (based at Machynys Golf Club, Llanelli) - Corporate membership available.

Gym available Mon - Fri 7.00am - 9.00pm, Sat & Sun 7.00am - 7.00pm

Spar available 10.00am Monday - Sunday, with the same closing times as the gym.

Pembrokeshire County Council (Pembrokeshire Leisure)

Physio Gym at Withybush - Available for use by staff early mornings, lunchtimes and after work. For further details please telephone 01437 772522

Robert Davies Health & Fitness Centre, Llanelli - Corporate rates of £30.99 per month (12 months minimum contract). This package includes full use of the gym (induction and assessment included), use of the relaxation rooms (sauna & steam rooms) and also includes the classes they intend having which are : Zumba, BodyAttack, Tabata, Boxing, Keep Active, Fatloss BootCamp, Bodypump, Yoga/Pilates and Spinning. The facilities are available Mon - Fri 6.00am - 10.00pm and Sat and Sun 7.30am - 8.30pm

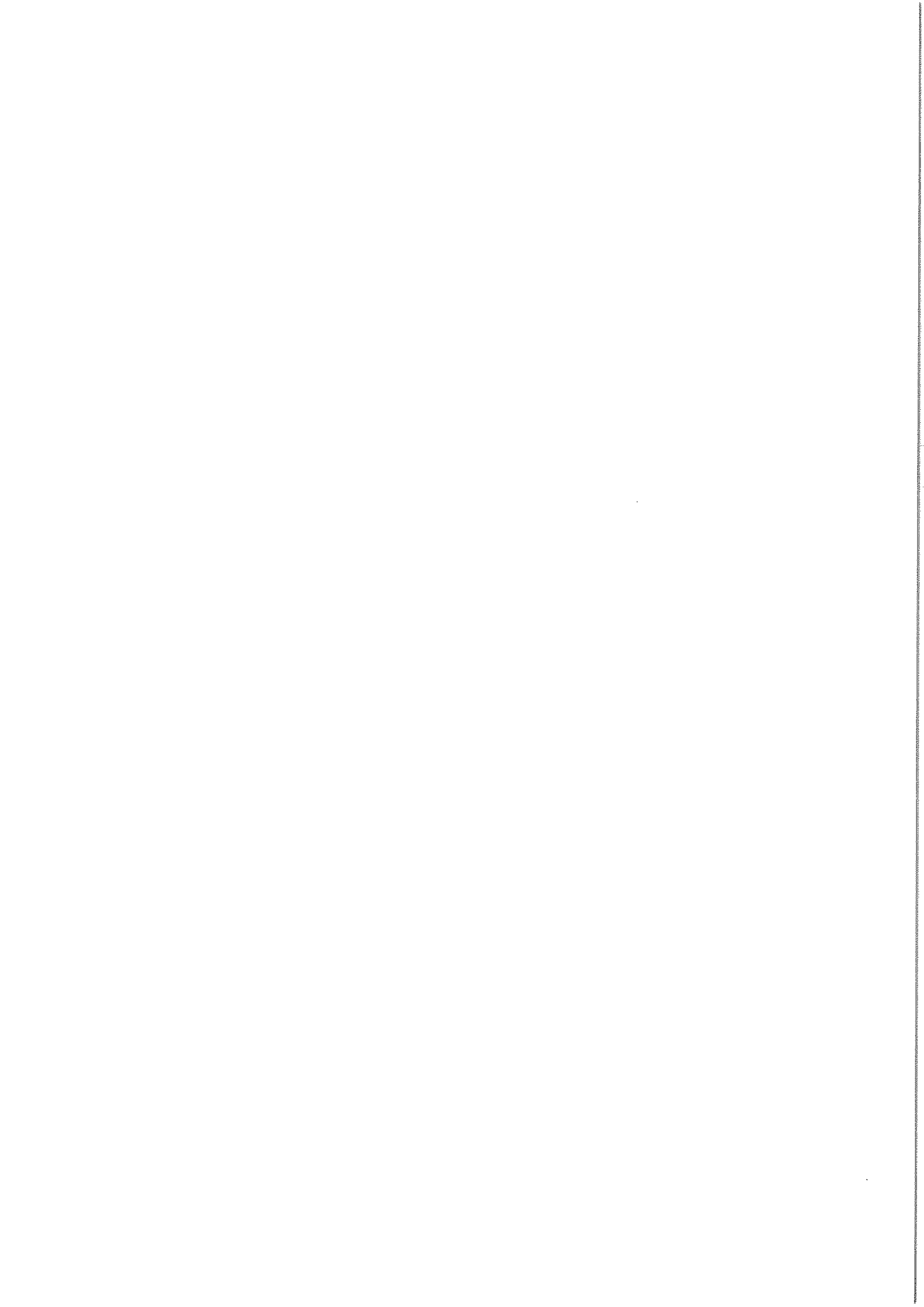
Top to Toe Therapies - Stress has a huge role to play in our physical, emotional & mental wellbeing. It contributes to the vast majority of illness & disease and has been proven to be the single most contributing factor affecting workplace performance & sickness absence. So, whether you have a specific need or just fancy a pamper, Top to Toe Therapies offer a variety of therapies tailored to your individual needs including gift vouchers & host pamper parties for groups of six to ten people. Call Helen today to book that well deserved treat.
 Telephone 07977100042 - 15% discount to NHS Staff on production of ID badge/payslip.

Tork Health Sports Injury Clinic - Holistic Sports Therapy, Tenby - Looking for speedy relief from Aches and Pains or Injury in Muscles/Tendons & Feet without medication? Tel: Mrs J Jones MFHT RSM on 01834 844167 or 07980667910. 20% NHS Staff Discount

Welsh Hospitals & Health Services Association (WHA) - How will you spend your wages this week? Dentist? Optician, Physio? Join WHA and claim back for healthcare bills. Contact www.whahealthcare.co.uk for more information. WHA Leaflet WHA Claim Form

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Bluestone National Park Resort - Offers from Bluestone

Celtic Haven, Lystep, Tenby - 10% off published rates at Celtic Spa Resort, Lydstep, Tenby and at Admiral's Mews, Tenby with special monthly deals offered subject to availability. 4th day free on mid week bookings. **Golf & Leisure Club** - 10% discount, **Celtic Haven Premier Spa** - 15% discount on weekdays, **Waves Italian Restaurant** - 10% discount on weekdays - Employees to show either ID badges or NHS payslip as proof of NHS employment

Gateway Resort - 10% discount to all NHS card holders at Gateway Resort, Llanelli. Just show your ID card each time you purchase food or drink.

Llys Meddyg Restaurant & Rooms - Newport Pembrokeshire. Additional 5% discount on latest deals. See the 'events' section for latest offers.

Nandos - Up to 20% off for Hywel Dda Staff upon production of a staff ID card or payslip (local restrictions may apply).

The Rising Sun Inn, Pelcomb Bridge, Haverfordwest, Tel: 01437 765171, (therisingsun-inn.co.uk) -10% discount to NHS Staff in the Restaurant, Caravan & Camping and Bed & Breakfast on production of NHS employee identification. (Advance booking must be made quoting the reference number 1604)

Slebech Park - Offers from Slebech Park

Stradey Park Hotel, Llanelli - Discounts available on Accommodation and Dining.

Tafarn Morlais - 20% discount on food bills on production of staff I.D or a payslip

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[Bluestone National Park Resort](#) - Offers from Bluestone

[Cambria Tours](#) - Cambria Tours is a Tour Operator based in Aberystwyth that specialises in arranging daytrips & short breaks throughout Wales and the UK. Contact Cambria Tours now for an up-to-date tour list, or visit the website at www.cambriatours.co.uk. Cambria Tours can also arrange a tailor made tour for you. **A 10% discount** is available for NHS staff (ID required as proof). Input 'NHS' in the promotional code box if booking through the Cambria Tours website or mention this if booking over the phone on 01970 631731. You can also contact via email at info@cambriatours.co.uk or visit Cambria Tours at 7, Bridge St, Aberystwyth.

[Celtic Haven Resort & Spa](#) - See latest offers

[First Commuter Travel Club](#)

[Gateway Resort](#) - 10% discount to all NHS card holders at Gateway Resort, Llanelli. Just show your ID card each time you purchase food or drink.

[Milford Haven Marina](#) - Discounts of Berthing Fees

For Working, Retiring or Retired NHS Staff

[NHS Retirement Fellowship Carmarthenshire](#)

[NHS Retirement Fellowship Ceredigion](#)

[Oakwood Theme Park](#) - Link for discounted tickets or Oakwood Group Bookings

[Park and Go](#) - All staff members of The NHS and their family and friends who book with Park and Go will receive 12% discount off our airport parking products.

[Pembrokeshire Rail Card](#) - £5 annual railcard for residents in Pembrokeshire which entitles holders to 34% off local rail travel available for purchase from Carmarthen and Haverfordwest stations

[The Rising Sun Inn, Pelcomb Bridge, Haverfordwest](#), Tel: 01437 765171, (therisingsun-inn.co.uk) -10% discount to NHS Staff in the Restaurant, Caravan & Camping and Bed & Breakfast on production of NHS employee identification. (Advance booking must be made quoting the reference number 1604)

[Self Catering Holiday Cottage, Devils Bridge, Ceredigion](#) - Well appointed bungalow on outskirts of village. Sleeps 5. Double, Twin & Single Rooms. Parking for 2 cars. Log Burner. Fully equipped kitchen. Towels provided. Welcome Pack. Views over the Rhedol Valley. Ideal for walking, bird watching and mountain biking. Walking distance to hotel & Vale of Rhedol Station. Aberystwyth 12 miles. Short breaks available. Sorry no pets & no smoking. 10% discount to NHS staff on production of ID. For more details please see www.fronhauldevilsbridge.co.uk.

[Sharecymru](#) - Car sharing where two or more people decide to share the cost of a journey by car is increasingly popular with both car drivers and passengers. Simply register your one off or regular journey today and take the first step in finding suitable car share friends. Cyclists and Walkers can register too! By choosing the 'on two wheels' or 'on foot' option and registering your journey in the same way you can set up your own bicycle user group!

[Slebech Park](#) - Offers from Slebech Park

[Stradey Park Hotel, Llanelli](#) - Discounts available on Accommodation and Dinning.

[Tango Tours](#) - Tango Tours / Teithiau Tango is an ATOL bonded Tour Operator based in Aberystwyth that specialises in arranging tailor made and small group tours to South America. Visit the Tango Tours website at www.tangotours.co.uk for further details. Teithiau Tango arranges tours to the Welsh region of Patagonia (Y Wladfa). Visit www.teithiautango.co.uk for further details. **A 5% discount** is available for NHS staff (ID required as proof). Input 'NHS' in the promotional code box if booking through the Tango Tours website or mention this if booking over the phone on 01970 631737. You can also contact via email at info@tangotours.co.uk or visit Tango Tours/Teithiau Tango at 7, Bridge St, Aberystwyth.

[West Wales Rover Ticket](#) - All West Wales Rover Tickets are available to buy on the buses, and are available on most services in Carmarthenshire, Ceredigion and Pembrokeshire.

[Z Cars Taxi Service, Aberystwyth](#) - Friendly, reliable family run business short or long distances all welcomed 7 days a week early morning bookings taken by request. Telephone numbers if dialing from a landline inside the '01970' area code we have a freephone number set up as 0800 66 66 66 or mobile 07855 272 108. Discounted rates for NHS staff - please mention when booking (or provide ID to driver) - discounts on meter prices e.g if the taxi cost was £8.00 on the meter we would be able to offer at least £1.50 - £2.00 discount (but there is a min. fare of £3.00) and we also do a loyalty card, when the customer collects ten stamps from single taxi fares they receive £3.00 off their next booking.

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Salary Deduction Lease Car and Salary Sacrifice Lease Car Scheme -

<http://quote.knowlesfleet.com/microsites/hywel/index.html>

Days VIP Offer - Discounts for Health Board staff off a range of products and services

DRAGON CARPETS & FLOORING is a family friendly business with over 25 years experience. Why not visit our showroom at: 23 Llandello Road, Cross Hands, Carmarthenshire SA14 6NA (just off the A48). We offer competitively priced Carpets, Vinyl, Laminate, Designer flooring and much more to suit all needs and tastes. We also offer a **FREE** measuring and Estimating service with no obligation, **Distance no object** (however, a fuel charge would be incurred on distances over 25 miles, but would be refundable should an order be placed). Expert advice given and **FREE** customer parking available / or alternatively we can bring samples to you! Do you work through the week? - No problem as we are not only open on weekdays, but are also open Saturday morning 9.30 am till 1.30pm!! If you want to know more please visit our website at: www.dragoncarpetsandflooring.co.uk or e-mail: sales@dragoncarpetsandflooring.co.uk / telephone: 01269 841048 **15% DISCOUNT OFF ALL CARPETS FOR HYWEL DDA PERSONNEL ON PRODUCTION OF YOUR STAFF I.D. OR PAYSリップ**. *Not to be used in conjunction with any other offers

Fiat Group Affinity Scheme - Latest exclusive offers for all NHS Employees

Fiat J&J Motors Affinity Staff Discount - You can save up to £3000 off the price of a Brand new Fiat model with a low rate finance pc package. Proof of employment is all that is needed (pay slip) and you can apply for family members too. Please contact Karl Goble for details on 01269 831333 and select option 3

GD Flooring - For all your flooring needs. Choose your product in your own home and we will do all the hard work and fitting for you. Wide range of all flooring types, carpet, laminate, vinyl, tile etc no job too small, call today for a **FREE** no obligation measure and quote. We cover all areas of Carmarthenshire, Swansea, Neath and Port Talbot. We will not be beaten on price, very competitive rates. **10% DISCOUNT FOR ALL NHS STAFF** Contact **GD Flooring on 07530429190**

Handy Moves Discount - Available across the UK

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NHS Discounts - Your staff discount scheme, use your discounts, print out vouchers.

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Sharecymru - Car sharing where two or more people decide to share the cost of a journey by car is increasingly popular with both car drivers and passengers. Simply register your one off or regular journey today and take the first step in finding suitable car share friends. Cyclists and Walkers can register too! By choosing the 'on two wheels' or 'on foot' option and registering your journey in the same way you can set up your own bicycle user group!

Welsh Dragon Tyres, Llanelli (just across from Asda in the centre of town) - 10% discount on tyres - staff to show ID badge, payslip or to tell them where they work prior to paying.

Last updated: 30 April 2019

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5. HDUHB Directorate Sickness Absence Rates

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May 18 - April 19	FTE
100 PEMBS COMMUNITY SERVICES EHAA	5.03%	5.00%	5.55%	5.87%	5.11%	5.58%	5.81%	4.19%	5.52%	5.81%	4.71%	4.19%	5.46%	202.30
100 CARMS COMMUNITY SERVICES EFPA	4.66%	5.72%		5.38%	5.39%	5.58%	5.83%	5.45%	5.97%	5.73%	5.01%	5.73%	5.35%	267.04
100 FACILITIES OPERATIONS EIFA	5.18%	5.64%	5.99%	5.02%	4.98%	5.27%	5.57%	5.81%	5.38%	5.42%	5.05%	5.39%	6.29%	621.68
100 MH SERVICES ELBA	4.84%	5.53%	4.81%	4.65%	4.35%	5.64%	5.43%	5.56%	5.13%	5.12%	5.31%	5.73%	5.90%	651.63
100 PPH DIRECTORATE EPAA	5.08%	5.78%	5.37%	6.15%	6.15%	4.41%	4.54%	4.71%	4.48%	4.48%	4.98%	5.45%	5.65%	469.09
100 PATH/LOGY ECPA	4.94%	3.78%	3.89%	4.36%	3.68%	4.22%	4.25%	4.91%	4.90%	5.76%	5.36%	5.90%	5.41%	212.12
100 WOMEN AND CHILDRENS EDAA	5.02%	4.86%	4.47%	4.43%	4.55%	4.18%	4.52%	4.10%	5.12%	3.81%	3.56%	3.89%	4.66%	588.73
100 WGH DIRECTORATE ERAA	3.69%	3.96%	4.14%	4.44%	3.80%	4.24%	4.33%	4.88%	5.22%	4.50%	5.31%	4.76%	4.56%	439.69
100 GGH DIRECTORATE ESAA	3.95%	3.71%	3.96%	3.53%	4.05%	4.60%	4.52%	5.10%	5.32%	4.52%	4.58%	4.01%	4.45%	606.21
100 PLANNED CARE (SCHEDULED) EBAA	5.09%	3.63%	5.71%	5.52%	5.94%	3.33%	2.44%	4.09%	4.05%	4.27%	2.70%	4.01%	4.38%	1117.98
100 BGH DIRECTORATE EQAA	3.84%	3.13%	4.35%	4.14%	3.78%	3.84%	4.07%	4.49%	3.82%	4.23%	3.64%	2.44%	4.08%	306.66
100 RADI/LOGY ECPA	2.05%	2.34%	3.37%	3.22%	4.50%	5.03%	3.78%	3.35%	3.40%	3.44%	4.36%	2.20%	3.81%	204.81
100 MEDICINES MANAGEMENT EMBA	1.37%	2.73%	3.27%	1.85%	3.95%	5.24%	4.86%	4.17%	3.66%	2.90%	2.22%	3.74%	3.43%	202.55
100 CARMS THERAPEUTIC HOSTED SERVICES EFBA														223.11
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Cumulative Absence % (FTE)	FTE
100 LEARNING DISABILITIES ELCA	5.65%	5.83%	5.36%	7.18%	6.93%	6.46%	6.63%	5.31%	7.23%	8.27%	9.74%	9.65%	5.46%	158.31
100 CEREDIGION THERAPEUTIC HOSTED SERVICES EGBA	6.71%	5.81%	5.44%	5.60%	5.77%	6.09%	6.63%	9.30%	7.64%	7.16%	5.55%	5.19%	6.59%	105.21
100 SPECIALIST SERV'S EIA	4.10%	4.46%	4.39%	4.61%	5.82%	6.33%	6.56%	3.88%	6.03%	6.13%	6.30%	7.04%	5.53%	150.36
100 INFORMATION & IT EIAA	5.62%	4.16%	4.33%	4.66%	4.34%	4.93%	4.31%	3.45%	5.66%	7.36%	7.31%	6.25%	5.20%	120.66
100 MED RECORDS EOAA	6.10%	4.39%	6.54%	4.05%	5.06%	4.29%	5.31%	4.49%	6.14%	5.39%	3.89%	6.83%	5.19%	109.45
100 CEREDIGION COMMUNITY SERVICES EGAA	3.62%	3.43%	4.03%	5.31%	5.90%	5.96%	3.13%	6.43%	4.97%	2.41%	3.71%	4.16%	4.87%	132.62
100 MENTAL HEALTH & LD MANAGEMENT ELAA	4.56%	3.53%	3.93%	4.03%	5.07%	6.40%	7.54%	5.08%	3.34%	4.24%	4.80%	4.73%	4.76%	174.70
100 WORKFORCE & OD DIRECTORATE ENDA	3.72%	4.93%	4.11%	2.99%	4.88%	4.36%	4.85%	3.70%	4.29%	5.46%	3.58%	5.21%	4.28%	145.26
100 PUBLIC HEALTH ENFA	4.88%	4.43%	3.18%	2.44%	4.16%	3.96%	5.16%	5.14%	3.59%	3.75%	4.18%	4.41%	4.19%	184.10
100 PEMBS THERAPEUTIC HOSTED SERVICES EHBA	4.89%	2.50%	1.58%	1.70%	4.28%	2.37%	3.21%	4.13%	4.63%	4.92%	3.07%	1.87%	3.24%	111.54
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Cumulative Absence % (FTE)	FTE
100 PEMBROKESHIRE - JOINT FINANCING EHGA	5.70%	5.91%	5.94%	5.14%	9.00%	6.00%	9.00%	9.00%	5.74%	0.00%	0.00%	0.00%	20.22%	1.34
100 CARMS - COUNTY MANAGEMENT EFHA	5.51%	1.28%	5.06%	1.29%	1.14%	1.14%	3.45%	5.75%	3.53%	0.00%	0.00%	0.00%	10.66%	9.35
100 CSSD/HSDU EIDA	11.06%	4.63%	10.23%	9.02%	5.56%	4.88%	4.38%	4.82%	4.00%	0.07%	7.86%	8.24%	9.00%	46.38
100 PEMBS COUNTY MANAGEMENT EPHA	6.00%	3.91%	5.23%	0.00%	6.11%	7.83%	18.43%	4.805%	12.53%	4.10%	3.34%	5.10%	3.33%	11.22
100 CENTRAL TRANSPORT UNIT EINA	10.00%	10.00%	17.43%	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	0.60%	12.44%	13.44%	7.68%	5.45

[illegible]



**IS-BWYLLGOR Y GWEITHLU A DATBLYGU SEFYDLIADOL
WORKFORCE & ORGANISATIONAL DEVELOPMENT SUB-COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 July 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Absence Management Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Morgan, Assistant Director of Workforce & OD

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Workforce & Organisational Development Sub-Committee is asked to note and discuss the information within this Absence Management Report.

Cefndir / Background

This report provides information relating to sickness absence within Hywel Dda University Health Board (HDdUHB). The information presented includes a comparison with the All Wales Sickness Benchmarking.

Asesiad / Assessment

This report provides information relating to:

- **HYWEL DDA UNIVERSITY HEALTH BOARD – Sickness Absence April 2019**

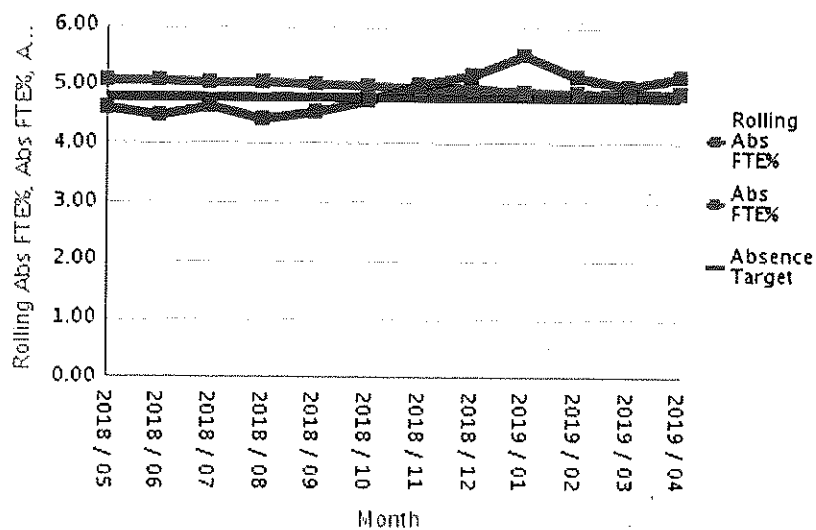
1. HDdUHB 12 month rolling rates and monthly rates
 2. HDdUHB Long Term/Short Term rates
 3. HDdUHB Absence Reasons
 4. HDdUHB 3 Year Trendline
 5. HDdUHB Directorate Sickness Absence Rates, at Appendix 1
 6. HDdUHB in Month Absence Estimated Cost, at Appendix 2
- All Wales Sickness Benchmarking – March 2019, at Appendix 3

1. HDdUHB Long Term/Short Term Rates

The following range of charts and tables for the whole of this report was taken from the ESR Business Intelligence (BI) Absence Management Dashboard and all data was run as of 20th June 2019.

The chart and table below shows the overall HDdUHB 12 month rolling rate for the 12 month period to April 2019. This reflects the most recent reporting month for Absence Management. In addition, the chart and table portrays the overall HDdUHB monthly rate for the 12 months to April 2019.

The 12 month rolling rate shows an increase between March 2019 and April 2019 by 0.02%. The monthly rate of April 2019 was 5.16%, which also represents an increase from the previous month of March 2019 of 0.16%.



Month	Abs FTE	Available FTE	Abs FTE%	Rolling Abs FTE	Rolling Avail FTE	Rolling Abs FTE%
2018 / 05	11,872.91	256957.73	4.62	152,486.41	3,006,309.16	5.07
2018 / 06	11,159.35	248419.96	4.49	152,781.36	3,012,916.33	5.07
2018 / 07	11,883.88	256741.03	4.63	152,962.26	3,019,250.71	5.07
2018 / 08	11,368.40	256844.15	4.43	152,405.97	3,024,659.61	5.04
2018 / 09	11,402.14	250154.28	4.56	151,976.86	3,029,433.15	5.02
2018 / 10	12,324.74	259653.27	4.75	150,939.19	3,033,529.12	4.98
2018 / 11	12,652.73	251531.93	5.03	151,012.33	3,036,468.51	4.97
2018 / 12	13,434.57	260168.36	5.16	150,271.98	3,038,901.07	4.94
2019 / 01	14,387.52	260235.61	5.53	148,385.40	3,041,172.88	4.88
2019 / 02	12,151.50	235909.03	5.15	148,077.47	3,043,784.68	4.86
2019 / 03	13,096.22	261838.03	5.00	148,116.38	3,047,114.37	4.86
2019 / 04	13,059.52	253042.44	5.16	148,793.49	3,051,495.82	4.88

3. HDUHB Absence Reasons

The table below provides the sickness absence reasons reported for the period of May 2018 – April 2019, with the highest rate for sickness reported in the year against the Full Time Equivalent (FTE) days lost being Anxiety/stress/depression/other psychiatric illnesses.

Absence Reason	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	41,395.40	27.8
S12 Other musculoskeletal problems	18,741.10	12.6
S25 Gastrointestinal problems	11,137.54	7.5
S13 Cold, Cough, Flu - Influenza	9,773.21	6.6
S98 Other known causes - not elsewhere classified	9,398.26	6.3
S28 Injury, fracture	8,249.24	5.5
S11 Back Problems	7,297.94	4.9
S15 Chest & respiratory problems	5,699.10	3.8
S99 Unknown causes / Not specified	5,097.41	3.4
S26 Genitourinary & gynaecological disorders	5,036.70	3.4
S19 Heart, cardiac & circulatory problems	4,882.27	3.3
S17 Benign and malignant tumours, cancers	4,259.01	2.9
S21 Ear, nose, throat (ENT)	4,115.11	2.8
S30 Pregnancy related disorders	3,828.43	2.6
S16 Headache / migraine	2,762.52	1.9
S23 Eye problems	1,572.85	1.1
S31 Skin disorders	1,177.27	0.8
S29 Nervous system disorders	1,143.23	0.8
S27 Infectious diseases	881.60	0.6
S22 Dental and oral problems	694.83	0.5
S24 Endocrine / glandular problems	679.66	0.5
S18 Blood disorders	675.01	0.5
S14 Asthma	170.20	0.1
S20 Burns, poisoning, frostbite, hypothermia	89.60	0.1
S32 Substance abuse	36.00	0.0

The table below provides a breakdown of absence reasons for the period by Staff Group and the FTE % Days Lost by Reasons.

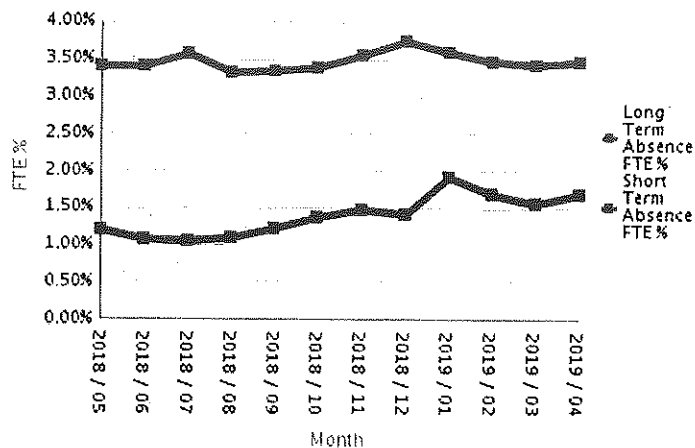
Absence Reason	APS&T	ACS	A&C	AHP	E&A	HCS	M&D	N&MR
S10 Anxiety/stress/depression/other psychiatric illnesses	3.18%	25.19%	17.32%	5.78%	8.27%	2.43%	2.20%	35.62%
S11 Back Problems	1.02%	33.47%	14.76%	3.73%	19.04%	0.59%	2.03%	25.36%
S12 Other musculoskeletal problems	1.29%	30.85%	13.92%	3.59%	11.72%	0.53%	3.13%	34.97%
S13 Cold, Cough, Flu - Influenza	3.59%	27.13%	14.44%	5.79%	8.94%	2.09%	1.15%	36.87%
S14 Asthma	8.23%	9.87%	7.79%	11.75%	39.95%			22.41%
S15 Chest & respiratory problems	4.91%	29.88%	14.65%	1.75%	12.68%	3.14%	1.91%	31.08%
S16 Headache / migraine	1.83%	31.20%	12.47%	4.50%	10.22%	0.34%	1.44%	37.99%
S17 Benign and malignant tumours, cancers		29.48%	23.06%	3.03%	14.30%	2.49%	2.82%	24.83%
S18 Blood disorders		23.32%	20.01%	2.37%	19.85%	1.38%		33.06%
S19 Heart, cardiac & circulatory problems	3.19%	38.20%	12.58%	0.90%	5.04%	3.54%	1.80%	34.75%
S20 Burns, poisoning, frostbite, hypothermia		19.64%			34.38%		5.58%	40.40%
S21 Ear, nose, throat (ENT)	2.18%	31.59%	18.94%	4.57%	8.74%	2.99%	0.44%	30.57%
S22 Dental and oral problems	16.86%	15.61%	13.72%	2.77%	5.52%	1.30%	1.73%	42.51%
S23 Eye problems	10.35%	28.80%	21.29%	2.66%	12.75%	2.30%	3.45%	18.39%
S24 Endocrine / glandular problems	6.53%	41.57%	4.24%	7.56%	11.77%			28.34%

2. HDUHB 12 month rolling rates and monthly rates

The chart and table below provides HDdUHB Long Term and Short Term sickness rates over the 12 month period to April 2019.

For Long Term sickness, the current month of April 2019 shows a rate of 3.47%, which has increased from the previous month of March 2019 by 0.03%. The April 2019 rate is at the median when compared to the other months reported in the 12 months.

For Short Term sickness the current month of April 2019 shows a rate of 1.69%, with an increase from the previous month of March 2019 of 0.12%. The April 2019 rate is the second highest rate in the 12 months reported.

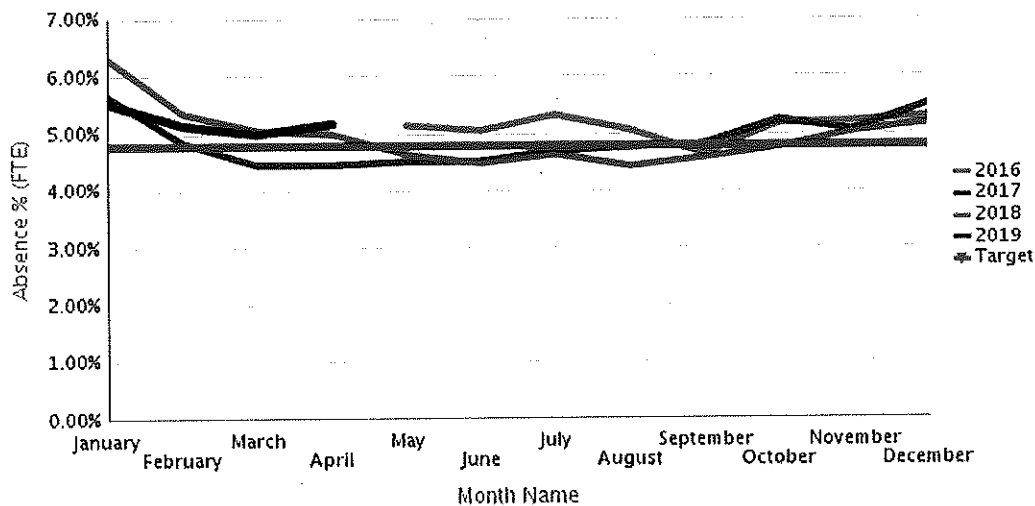


Month	Available FTE	LT FTE Lost	ST FTE Lost	Total FTE Lost	Long Term Absence FTE %	Short Term Absence FTE %	Total Absence FTE %
2018 / 05	256,957.73	8,786.78	3,086.14	11,872.91	3.42%	1.20%	4.62%
2018 / 06	248,419.96	8,479.61	2,679.74	11,159.35	3.41%	1.08%	4.49%
2018 / 07	256,741.03	9,177.62	2,706.27	11,883.88	3.57%	1.05%	4.63%
2018 / 08	256,844.15	8,553.48	2,814.91	11,368.40	3.33%	1.10%	4.43%
2018 / 09	250,154.28	8,353.73	3,048.40	11,402.14	3.34%	1.22%	4.56%
2018 / 10	259,653.27	8,787.75	3,536.99	12,324.74	3.38%	1.36%	4.75%
2018 / 11	251,531.93	8,958.17	3,694.56	12,652.73	3.56%	1.47%	5.03%
2018 / 12	260,168.36	9,746.47	3,688.10	13,434.57	3.75%	1.42%	5.16%
2019 / 01	260,235.61	9,393.84	4,993.68	14,387.52	3.61%	1.92%	5.53%
2019 / 02	235,909.03	8,182.72	3,968.78	12,151.50	3.47%	1.68%	5.15%
2019 / 03	261,838.03	8,998.25	4,097.97	13,096.22	3.44%	1.57%	5.00%
2019 / 04	253,042.44	8,779.11	4,280.41	13,059.52	3.47%	1.69%	5.16%

S25 Gastrointestinal problems	1.83%	31.30%	12.71%	5.36%	10.43%	1.76%	1.45%	35.15%
S26 Genitourinary & gynaecological disorders	1.60%	27.17%	17.85%	7.04%	6.31%	0.07%	0.41%	39.54%
S27 Infectious diseases	2.50%	45.88%	7.75%	5.01%	1.10%	1.13%		36.61%
S28 Injury, fracture	2.44%	32.64%	16.80%	7.03%	15.29%	1.78%	1.45%	22.56%
S29 Nervous system disorders	0.45%	23.55%	29.47%	1.40%	3.85%			41.28%
S30 Pregnancy related disorders	4.44%	32.43%	8.06%	5.84%	5.56%	1.49%	0.08%	42.10%
S31 Skin disorders	1.50%	49.12%	6.34%	6.00%	9.42%	1.70%	3.32%	22.60%
S32 Substance abuse					100.00%			
S98 Other known causes - not elsewhere classified	3.01%	14.07%	20.23%	5.41%	25.43%	0.27%	9.62%	21.96%
S99 Unknown causes / Not specified	0.83%	24.56%	19.64%	2.27%	12.38%	0.41%	12.00%	27.91%

4. HDUHB 3 Year Trendline

The chart and table below provides the HDdUHB 3 year trendline for the 3 year period to April 2019. When comparing the April 2019 rate to the corresponding month of 2017 and 2018, the 2019 rate was higher than that reported in both 2017 and 2018.



	2016	2017	2018	2019
January		5.65%	6.31%	5.53%
February		4.83%	5.34%	5.15%
March		4.45%	5.05%	5.00%
April		4.44%	4.98%	5.16%
May	5.13%	4.51%	4.62%	
June	5.04%	4.49%	4.49%	
July	5.33%	4.67%	4.63%	
August	5.05%	4.74%	4.43%	
September	4.64%	4.82%	4.56%	
October	5.17%	5.23%	4.75%	
November	5.20%	5.06%	5.03%	
December	5.30%	5.50%	5.16%	

Argymhelliad / Recommendation

The Sub-Committee is asked to note the information within this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1.1 Monitor operational performance to ensure the sustainability of current and future workforce models. 5.1.2 Monitor key workforce savings targets and productivity measures. 5.1.3 Monitor employee relations activity across the organisation to identify trends and agree relevant strategy for issues identified. 5.1.12 To consider internal and external workforce reports, audits and reviews and monitor the delivery of subsequent action plans. 5.1.13 Provide assurance of workforce data quality.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	ESR – Electronic Staff Register
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw : Parties / Committees consulted prior to Workforce & Organisational Development Sub-Committee:	None
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Workforce
Gweithlu: Workforce:	Wholly related to workforce
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
New Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Employee Engagement

Do you know what is expected of you at work?

Yes. Via JD, 1to1s with Manager and PADR which includes annual objectives.

Do you have the materials and equipment to do your work right?

Yes. Other than the problems with a slow IT system at times.

At work, do you have the opportunity to do your best every day?

Yes.

In the last 7 days, have you received recognition or praise for doing good work?

Yes several times from various stakeholders including manager.

Does your supervisor, or someone at work, seem to care about you as a person?

Yes, 100%

Is there someone at work who encourages your development?

Yes. Manager and key stakeholders I work with.

At work, do your opinions seem to count?

Yes 100%.

Does the mission/purpose of your company make you feel your job is important?

Yes

Are your associated (fellow employees) committed to doing quality work?

In the main. Motivation varies.

Do you have a best friend at work?

Several.

In the last 6 months, has someone at work talked to you about your progress?

Yes my manager and key stakeholders I work with,

In the last year, have you had opportunities to learn and grow?

Yes, plenty.

Employee Engagement

Do you know what is expected of you at work? YES

Do you have the materials and equipment to do your work right? In the main yes, but difficult to get equipment for external events to promote our services within the HB.

At work, do you have the opportunity to do your best every day? I like to think that I do my best every day but in an ideal world feel I could do better if less pressurised.

In the last 7 days, have you received recognition or praise for doing good work? NO but that is not to say I don't get it.

Does your supervisor, or someone at work, seem to care about you as a person? YES

Is there someone at work who encourages your development? YES

At work, do you opinions seem to count? YES

Does the mission/purpose of your company make you feel your job is important? YES

Are your associated (fellow employees) committed to doing quality work? YES

Do you have a best friend at work? YES

In the last 6 months, has someone at work talked to you about your progress? YES

In the last year, have you had opportunities to learn and grow? YES

MJ

Employee Engagement

Do you know what is expected of you at work?

Yes

Do you have a best friend at work?

Yes

Do you have the materials and equipment to do your work right?

Yes

In the last 6 months, has someone at work talked to you about your progress?

No

At work, do you have the opportunity to do your best every day?

Yes

In the last year, have you had opportunities to learn and grow?

Yes

In the last 7 days, have you received recognition or praise for doing good work?

No

Does your supervisor, or someone at work, seem to care about you as a person?

Yes

Is there someone at work who encourages your development?

No

At work, do you opinions seem to count?

Yes

Does the mission/purpose of your company make you feel your job is important?

Yes

Are your associated (fellow employees) committed to doing quality work?

Yes

Employee Engagement

Do you know what is expected of you at work?

Yes. Via JD, 1to1s with Manager and PADR which includes annual objectives.

Do you have the materials and equipment to do your work right?

Yes. Other than the problems with a slow IT system at times.

At work, do you have the opportunity to do your best every day?

Yes.

In the last 7 days, have you received recognition or praise for doing good work?

Yes several times from various stakeholders including manager.

Does your supervisor, or someone at work, seem to care about you as a person?

Yes, 100%

Is there someone at work who encourages your development?

Yes. Manager and key stakeholders I work with.

At work, do you opinions seem to count?

Yes 100%.

Does the mission/purpose of your company make you feel your job is important?

Yes

Are your associated (fellow employees) committed to doing quality work?

In the main. Motivation varies.

Do you have a best friend at work?

Several.

In the last 6 months, has someone at work talked to you about your progress?

Yes my manager and key stakeholders I work with,

In the last year, have you had opportunities to learn and grow?

Yes, plenty.

GM

Employee Engagement

Do you know what is expected of you at work?

Yes

Do you have a best friend at work?

Yes

Do you have the materials and equipment to do your work right?

Yes

In the last 6 months, has someone at work talked to you about your progress?

Yes

At work, do you have the opportunity to do your best every day?

No

In the last year, have you had opportunities to learn and grow?

No

In the last 7 days, have you received recognition or praise for doing good work?

Yes

Does your supervisor, or someone at work, seem to care about you as a person?

Yes

Is there someone at work who encourages your development?

Yes

At work, do your opinions seem to count?

Yes

Does the mission/purpose of your company make you feel your job is important?

Yes

Are you associated (fellow employees) committed to doing quality work?

Yes

CS

Employee Engagement

Do you know what is expected of you at work?

Yes

Do you have a best friend at work?

Yes

Do you have the materials and equipment to do your work right?

Yes

In the last 6 months, has someone at work talked to you about your progress?

Yes

At work, do you have the opportunity to do your best every day?

Yes

In the last year, have you had opportunities to learn and grow?

Educationally no but have learnt and grown with other things via systems and colleagues.

In the last 7 days, have you received recognition or praise for doing good work?

Yes

Does your supervisor, or someone at work, seem to care about you as a person?

Yes

Is there someone at work who encourages your development?

Yes

At work, do you opinions seem to count?

Generally, but as a lower band not actively sought

Does the mission/purpose of your company make you feel your job is important?

Yes, my colleagues do

Are you associated (fellow employees) committed to doing quality work?

The majority are.

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